

The Child Unique Montessori School

PARENT VOLUNTEER HOURS TRACKING FORM

Thank you for volunteering your time and efforts!!

Please Print Clearly

Parent's first name: _____ Parent's last name: _____

Child's first name: _____ Child's last name: _____

Staff requesting task: _____ Date task requested: _____

Date task started: _____ Date task complete: _____

Total hours: _____

Describe the task performed and its location:

.....

- ❖ **Staff signature is needed to validate task completed.**
- ❖ Purchase(s) made for this task may be donated, or with the Director's prior consent traded for volunteer hours.
- ❖ Turn in your signed tracking sheet to the office as you complete your hours. Periodically, you completed hours will be indicated on your invoice.

Thank you for volunteering! Your efforts make a difference in your child's education.

Staff or Committee Head signature: _____ Date: _____

Staff/Committee head printed name: _____