

# 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:

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- ❖ 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, your completed hours will be indicated on your invoice.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_