St. Michael School
56 Sewall Street
Augusta, ME 04330

Volunteer Hours Reporting Form
2023-2024

Youngest Student's Name   Grade/Teacher

Volunteer's Name

*Chair/Responsible Person's Name

Use for a single activity or summarize weekly/monthly hours below.

Date	Activity	Hours

*Chair/Responsible Person's Signature_____

*Can be a Parent Association Board Member, Committee chairperson or an administrator
 or staff person employed by St. Michael School.

Date Recorded_____ Initials_____