

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

VOLUNTEER ATTENDANCE 2007/2008

NAME _____
Last Name First Name

PHONE _____ **EMAIL** _____

ADDRESS _____
Street Apt. # City Zip

STARTING DATE _____ **VOLUNTEER APPLICATION COMPLETED** _____
Month/Day/Year Month/Day/Year

Name(s) of Child(ren) Attending this School: **Grade:** **Teacher**

First Name	Last Name		
First Name	Last Name		
First Name	Last Name		

EMERGENCY CONTACT PERSON

NAME _____

PHONE _____ **RELATIONSHIP** _____

DATE	VOLUNTEER ASSIGNMENT TEACHER	PROGRAM/ACTIVITY	TIME IN	TIME OUT	TOTAL TIME	USED STAR ✓

Monthly Total	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	TOTAL

***For Coordinator's Use. Photocopy form as needed. All volunteer hours must be documented.
 Place ✓ if service hours were recorded in the STAR computer.**

