

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

VOLUNTEER ATTENDANCE 2008/2009

NAME _____
Last Name First Name

PHONE _____ **EMAIL** _____

ADDRESS _____
Street Apt. # City Zip

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

Names of Your Children Who Attend 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

Attention: Volunteer Service hours must be recorded as individual days. Summary entries (by week or month) will not be counted towards a Lapel Pin Award. Place ✓ if service hours were recorded in the STAR computer.

