

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. Rev. 7/2007