the museum school
OF AVONDALE ESTATES
An Exhibition of Excellence

Record of Parent Volunteer Hours

Volunteer: _____ Relationship to student: _____

Student: _____ Teacher: _____

Student: _____ Teacher: _____

Activity	Date	Hours Involved	Staff Signature

This section is to be completed by school staff. Volunteers, please keep this portion for your records.

Volunteer: _____ Student(s): _____

Date form received: _____ Number of hours logged on form: _____ Staff Signature: _____

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