

St. Martin School
Monthly Parent Participation Hours

Month/Year: _____ Family ID#: _____

Family Name: _____ Oldest Childs Name/Grade: _____

Instructions: Fill out this form and turn into the Office on the last day of each month. Only one form per family is needed. Please show hours as follows. (One hour = 1.00, ½ hour = .50) Please round all hours to the nearest ½ hour increment. Print all information legibly and maintain a copy of this form for your records. Hours and sign-in sheets will be reviewed by chairperson or event coordinator. You are responsible for proving that you have worked and reported the volunteer hours required.

Service Hour Positions For Each Category:

Socials	<ul style="list-style-type: none"> ▪ Dance Chaperone ▪ End of Year BBQ Chair ▪ Ice Skating Chair ▪ Pancake Breakfast Chair ▪ Social Event Volunteer 	Classroom	<ul style="list-style-type: none"> ▪ Classroom Help ▪ Field Trip Chaperone/Driver ▪ Room Parent Coordinator ▪ Room Parent (Jr. K-8th)
School Improvement	<ul style="list-style-type: none"> ▪ Facilities Maintenance Chair ▪ Improvement Volunteer 	Sports	<ul style="list-style-type: none"> ▪ Coach (Lead or Assistant) ▪ Team Parent
Fundraising	<ul style="list-style-type: none"> ▪ Book Fair Chair ▪ Crab Feed/Auction Chair (CFA) ▪ CFA Auction Chair ▪ CFA Decoration Chair ▪ CFA Donations Chair ▪ CFA Finance Chair ▪ CFA Food/Beverage Chair ▪ CFA Tickets/Seat/Promo Chair ▪ Entertainment Book Chair ▪ Fundraising Event Volunteer ▪ KMA Academy Chair ▪ School Pop Chair ▪ Target Chair ▪ Toner Recycling Chair 	Other	<ul style="list-style-type: none"> ▪ Buddy Family Program Chair ▪ Display Boards ▪ Earthquake Pack Coordinator ▪ General School Support Volunteer ▪ Halloween UNICEF Coordinator ▪ Novena Coordinator ▪ Other Event Volunteer ▪ Penny Wars ▪ PTG ▪ Rainforest Coordinator ▪ SAC ▪ School Directory ▪ St. Vincent de Paul Food Collection ▪ Teacher Appreciation Week Chair ▪ Technology Chair ▪ Uniform Exchange Coordinator ▪ Volunteer Time Tracking Coordinator ▪ Webmaster

PERSON	CATEGORY	DESCRIPTION	DATE/S	HOURS
	Socials			
	School Improvement			
	Fundraising			
	Sports			
	Classroom			
	Other			

TOTAL HOURS WORKED _____

PTG USE ONLY FORM ENTERED BY: _____	ON: _____
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