

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Volunteers Assisting Students and Teachers

VOLUNTEER ATTENDANCE

NAME _____ PHONE _____

ADDRESS _____
Street Apt.# City Zip

STARTING DATE _____ Volunteer Registration Completed _____
month/day/year month/day/year

Name(s) of Child(ren) in this School:

Teacher/Grade:

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

EMERGENCY CONTACT PERSON

NAME _____

PHONE _____ RELATIONSHIP _____

DATE	VOLUNTEER ASSIGNMENT		TIME-IN	TIME-OUT	TOTAL TIME
	TEACHER	PROGRAM/ACTIVITY			

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

*For Coordinator's Use

VOLUNTEER ATTENDANCE 20. /20

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

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.