SPRING COVE SCHOOL DISTRICT
VOLUNTEER HOURS REPORT

WORK LOCATION OR BUILDING _____ **NAME OF VOLUNTEER** _____ **SIGNATURE OF VOLUNTEER** _____

DATE	WEEK DAY	WORK DESCRIPTION	INDICATE ACTUAL TIME FROM	TO	NUMBER OF HOURS	OFFICE USE
			TOTAL HOURS			

Please complete this form and turn it in to the Building Principal on a monthly basis. It is important that we keep track of your hours. This information is helpful to us to develop a history, evaluate effectiveness, document achievements, apply for grants, and to recognize you – our Volunteers. Thank you for your time!!