

DORIS TODD CHRISTIAN ACADEMY VOLUNTEER HOURS FORM

PLEASE PRINT

PARENT INFORMATION

Name _____

Phone # _____

STUDENT INFORMATION

Name(s) _____ Grade(s) _____

Quarter you are submitting this for:

- Aug – Oct. *Report Due November 1st*
- Nov – Jan *Report Due February 1st*
- Feb – March *Report Due March 10th*

Volunteer Hours

ACTIVITY/PROJECT	DATE (mm/dd/yy)	# of Hours	Relationship to Student

Parent Certification and Authorization

I certify that the information provided herein is complete and correct to the best of my knowledge.

Signature of Parent/Legal Guardian

Date

Received by DTMCS _____ (Date)