

# DORIS TODD CHRISTIAN ACADEMY

## 2017 – 2018 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 April 1st*

**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)