

DIVINE CHILD ELEMENTARY SCHOOL D.O.V.E.S. FAMILY REPORT FORM

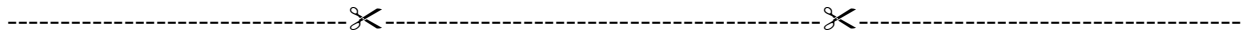
Volunteer First Name _____ Last Name _____ Date _____
 Child Name _____ Grade _____ Homeroom _____

DO NOT DEPEND ON SOMEONE ELSE TO RECORD YOUR SERVICE HOURS

Date of Service	Type of Service/Activity	Location of Activity	Teacher/Chairman Helped	# of Hours	Recorded in sign in/out book? (Y or N)

DEDICATED OFFICIAL VOLUNTEERS EMANATING SPIRIT

File this report form monthly or as needed
 Please do not wait until the end of the school year



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