



volunteer

"Alone we can do so little; together we can do so much." – Helen Keller

FAMILY VOLUNTEER HOURS PROGRAM REPORTING FORM

(*Required)

Volunteer Name*:

Volunteer Email Address*:

Student Represented (First & Last Name)*:

Relationship to Student*:

Volunteer Activity Name*:

Activity Date*: (mm/dd/yyyy)

Number of Hours Completed*:

Description of Work Performed*:

Activity Representative Signature*: The Activity Representative is the individual who is overseeing the activity. (Form submissions will be sent to and verified by the Activity Representative)

Volunteer Testimony: Please complete this field if you have a testimony that you would like to share regarding your experience while volunteering.

Forms may be submitted online, emailed to pikelibschool@pikelib.com, or delivered to the school office.