

ECOLE NOTRE DAME DE FATIMA - OUR LADY OF FATIMA SCHOOL
PARENT PARTICIPATION VOLUNTEER FORM
SIGN IN - SING OUT EVENT /ACTIVITY SHEET



EVENT /ACTIVITY: _____

Teacher (s) / Coordinator (s): _____

GRADE: _____

DATE OF EVENT/ACTIVITY: _____

	FAMILY LAST NAME	NAME	GRADE	E/F	Email address	TIME IN	TIME OUT	TOTAL HRS	Volunteer's Signature when shift is finished	Coordinator's Signature when shift is finished
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