The Child Unique Montessori School
PARENT VOLUNTEER HOURS TRACKING FORM

Thank you for volunteering your time and efforts!!

Please Print Clearly

Parent’s first name: ___________________ Parent’s last name: ___________________
Child’s first name: ___________________ Child’s last name: ___________________
Staff requesting task: ________________ Date task requested: ________________
Date task started: ___________________ Date task complete: ___________________
Total hours: __________________________

Describe the task performed and its location:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

- Purchase(s) made for this task may be donated, or with the Director’s prior consent traded for volunteer hours.
- Turn in your signed tracking sheet to the office as you complete your hours. Periodically, your completed hours will be indicated on your invoice.

Thank you for volunteering! Your efforts make a difference in your child’s education.

Signature __________________________ Date ________________