

V.I.P. FAMILY REPORT FORM 2008-2009

Oldest Child's Full Name: _____ Room # : _____
 Volunteer Name: _____ Home Phone #: _____
 Address: _____ E-Mail: _____

Please ensure that all four columns are complete. This information is required for verification.
 Please submit original to school office and retain a copy for your records.

Date of Service	Volunteer Activity	# of hours	Signature of chairperson

Total Hours: _____

*After your required amount of hours has been reached, **even though your help is still needed**,
 additional V.I.P. forms need not be submitted. *
 Thank you for your support!

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