

**Brevard Public Schools**

**Volunteer Hours Log**

School Name:

Volunteer Name:

Volunteer email address:       Volunteer Phone:

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| --- | --- | --- | --- |
| **Date** | **Volunteer Activity** | **Hours/Minutes** | **Comments** |
|       |       |       |       |
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***Please use this form for all volunteer hours at home or after school hours.*** *Please submit all hours to your school’s volunteer coordinator*, Carol Burns, *no later than* May 1st of the current school year*. Volunteer hours accumulated after* May 1st should *be recorded on a new log.*