VIPS Volunteer Log Sheet

2007—2008

Volunteer's Name:	
Mailing Address:	
Telephone:	
Your Child's Teacher *(if applicable)*:	
In an emergency, please contact: *(Name & Phone number)*	

September 2007		
Date	# of Hours	Teacher
TOTAL		

October 2007		
Date	# of Hours	Teacher
TOTAL		

November 2007		
Date	# of Hours	Teacher
TOTAL		

December 2007		
Date	# of Hours	Teacher
TOTAL		

January 2008		
Date	# of Hours	Teacher
TOTAL		

February 2008		
Date	# of Hours	Teacher
TOTAL		

March 2008		
Date	# of Hours	Teacher
TOTAL		

April 2008		
Date	# of Hours	Teacher
TOTAL		

May 2008		
Date	# of Hours	Teacher
TOTAL		

June 2008		
Date	# of Hours	Teacher
TOTAL		