

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

VOLUNTEER ACTIVITY LOG SHEET FOR 2010/2011

(For Hours Not Recorded In the STAR Computer or Other Electronic Tracking System)

NAME _____
Last Name First Name

PHONE _____ **E-MAIL** _____

Names of Your Children Attending this School: **Grade:** **Teacher**

First Name Last Name

First Name Last Name

EMERGENCY CONTACT		
NAME _____	PHONE _____	RELATIONSHIP _____

DATE	VOLUNTEER ASSIGNMENT		TIME IN	TIME OUT	TOTAL TIME
	TEACHER	PROGRAM/ACTIVITY			

Total Hours For Each Month	July	Aug.	Sept	Oct.	Nov.	Dec.	Total Service Hours Not Recorded in STAR System
	Jan.	Feb.	Mar.	Apr.	May	June	

PLEASE READ: Thank you for everything you do for children, but your service should be recorded as individual days. Summary entries (by week, month or activity type) will NOT count for a Lapel Pin Award. Please use the STAR System for all at-school service.

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NAME _____
Last Name
First Name

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	TEACHER	PROGRAM/ACTIVITY			
		Total Hours on This Page =			

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