

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 Who Attend this School:

Teacher/Grade:

First Name

Last Name

First Name

Last Name

EMERGENCY CONTACT PERSON

NAME _____ **PHONE** _____ **RELATIONSHIP** _____

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

Monthly Total	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	TOTAL

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 PinAward. Please use the STAR System for all at-school service.

