



OACS Off Campus Volunteer Hour Tracking Form

Student Name: _____ Teacher/Staff Name: _____

Volunteer Name: _____

Task Date: _____ Task: _____ Hours: _____

Volunteers, please fill in the information above and return this form along with your completed project to the teacher. If you are donating an item, receipt must be attached. The hours listed above will be entered into the volunteer tracking system for you within 3-5 days after form is approved by teacher.



Teachers, please initial and date below and drop in the brown PTO box in the front office.

Teacher Approved: _____ Initial & date	Volunteer Coordinator entered into system: _____ Initial & date
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