

St. Paul School PTA Volunteer Service Hours

Family Name: _____ Youngest Child: _____ Grade: _____
 Phone #: _____ Email: _____

- | | |
|---|---|
| <input type="checkbox"/> PTA Board Member
<input type="checkbox"/> School Board Member
<input type="checkbox"/> Endowment Committee Member
<input type="checkbox"/> Athletic Committee Member
<input type="checkbox"/> Marketing Committee Member | <input type="checkbox"/> Room Mother – Grade: _____
<input type="checkbox"/> Class Shamrock Auction Mother – Grade: _____
<input type="checkbox"/> Girl/Boy Scouts Leader – Troop: _____
<input type="checkbox"/> Coach for Athletic Team – Sport: _____ |
|---|---|

*****ANY OF THE ABOVE IS CONSIDERED COMPLETION OF YOUR 15 REQUIRED HOURS FOR THE YEAR*****

	Date:	# of Hours	Date:	# of Hours	Date:	# of Hours	Date:	# of Hours	Date:	# of Hours	Date:	# of Hours
10 Week Club												
Baking (Homemade)												
Book Fair												
Cafeteria Duty												
Chaperoned Field Trip												
Helped in Classroom												
Helped at School Function												
Library Helper												
New Parent Dinner												
Parish Event/Ministry												
Pasta Dinner												
Playground Duty												
Purchased Food/Drink												
Santa's Workshop												
Scrip Program												
Shamrock Auction												
Teachers Appreciation Luncheon												
Thanksgiving Luncheon												
Other:												
TOTAL												

Please submit hours to **Adriana Morabito c/o Gabriella in 3A** or by email to asmel3@yahoo.com.