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Parent or Teacher Signature

St. Mary's Academy – Family Hours or Student Hours (circle one) Family *or* Student Name: # of hours volunteered: Place: _____Date(s) Completed: _____ Parent or Teacher Signature Date St. Mary's Academy – Family Hours or Student Hours (circle one) G 0 Α Family *or* Student Name: ______ # of hours volunteered:_____ L Place: ______Date(s) Completed: _____ Н 0 U R S Parent or Teacher Signature Date St. Mary's Academy – Family Hours or Student Hours (circle one) G 0 Α Family *or* Student Name: ______ # of hours volunteered:_____ L Place: ______Date(s) Completed: _____ Н 0 U R

Date