

ST. MARY'S ACADEMY – FAMILY HOURS OR STUDENT HOURS (CIRCLE ONE)Family *or* Student Name: _____ # of hours volunteered: _____

Place: _____ Date(s) Completed: _____

Tasks: _____

Parent or Teacher Signature_____
Date**ST. MARY'S ACADEMY – FAMILY HOURS OR STUDENT HOURS (CIRCLE ONE)**Family *or* Student Name: _____ # of hours volunteered: _____

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