



ADDRESS _____

Street Apt. # City Zip

	VOLUNTEER ASSIGNMENT				
DATE	TEACHER	PROGRAM/ACTIVITY	START TIME	END TIME	TOTAL SERVICE TIME <u>NOT</u> LOGGED IN STAR SYSTEM
		<i>Total Time</i>			

School Volunteer Liaison Signature: _____ Date: _____

REMINDER TO SCHOOL VOLUNTEER LIAISONS: Please remember to log the hours on this form into the STAR database as only hours logged into the STAR database will be used for awards and recognition.