



**ST. PETER LUTHERAN
CHURCH & SCHOOL**

Volunteer Hour Tracking Form

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Email: _____

Date	Volunteer Duty Description	Time In	Time Out	Verifiers Name (No Signature Required)	Hours Worked

I verify that the hours reported on this form are accurately reflect my volunteer duties and hours.

Signature

Date

Please turn in volunteer form once a month. If more space is needed, please complete a second form.