



## RECORD OF VOLUNTEER HOURS

NAME (print): \_\_\_\_\_

PHONE #/EMAIL ADDRESS: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_, 200\_\_

As you know, your contract with the Irvington Community School requires 20 hours of involvement in the school by your family each year. Your involvement is a critical factor to the success of the school and your child.

These 20 hours can be a combination of family/teacher conferences, attending events (including meetings of the School Advisory Committee), or volunteering in the school.

Please bring us up to date on the hours you have given the school recently. You may count half-hours.

	CATEGORY	DATE	# HOURS	STAFF CONTACT	DESCRIPTION	STAFF INITIALS
1	<input type="checkbox"/> CONFERENCE <input type="checkbox"/> EVENT <input type="checkbox"/> VOLUNTEERING					
2	<input type="checkbox"/> CONFERENCE <input type="checkbox"/> EVENT <input type="checkbox"/> VOLUNTEERING					
3	<input type="checkbox"/> CONFERENCE <input type="checkbox"/> EVENT <input type="checkbox"/> VOLUNTEERING					
4	<input type="checkbox"/> CONFERENCE <input type="checkbox"/> EVENT <input type="checkbox"/> VOLUNTEERING					
5	<input type="checkbox"/> CONFERENCE <input type="checkbox"/> EVENT <input type="checkbox"/> VOLUNTEERING					
	TOTAL HOURS					

When and how can you give some time in the remainder of the year?

CATEGORY	BEST DAY	BEST TIME	ADVANCED NOTICE NEEDED		
<input type="checkbox"/> Classroom help (tutoring, reading, etc.)			<input type="checkbox"/> none	<input type="checkbox"/> 24 hrs	<input type="checkbox"/> other _____
<input type="checkbox"/> Assist the teacher in projects			<input type="checkbox"/> none	<input type="checkbox"/> 24 hrs	<input type="checkbox"/> other _____
<input type="checkbox"/> Field trips			<input type="checkbox"/> none	<input type="checkbox"/> 24 hrs	<input type="checkbox"/> other _____
<input type="checkbox"/> Lunchroom			<input type="checkbox"/> none	<input type="checkbox"/> 24 hrs	<input type="checkbox"/> other _____
<input type="checkbox"/> Special events after school			<input type="checkbox"/> none	<input type="checkbox"/> 24 hrs	<input type="checkbox"/> other _____
<input type="checkbox"/> Building projects			<input type="checkbox"/> none	<input type="checkbox"/> 24 hrs	<input type="checkbox"/> other _____
<input type="checkbox"/> Other _____			<input type="checkbox"/> none	<input type="checkbox"/> 24 hrs	<input type="checkbox"/> other _____

When you are finished, **please return this form to the office.** Additional forms are available at the front desk or from Tim Mulherin, Client Services Manager, at [tmulherin@ics-charter.org](mailto:tmulherin@ics-charter.org).