

ST MICHAEL SCHOOL

STEWARD ACCOUNTABILITY RECORD

Family Name: _____

Month of Service: _____, 20 _____

I/We understand that it is our family responsibility to provide at least 40 (forty) hours of service to St. Michael School and/or Parish.

(Parish activities at St. Peters Parish suffice)

Please indicate time in 1/2 (half) hour increments

Name of Volunteer	Date of Activity	Activity	Time Volunteered

Total hours for the month: -----> _____

The activities and times listed are accurate reflections of our family's donation of time and talent for the month listed for the given school year.

Signature: _____

PLEASE RETURN COMPLETED FORM TO ST. MICHAEL SCHOOL OFFICE OF _____