

DIVINE CHILD ELEMENTARY SCHOOL VOLUNTEER HOURS PAYMENT FORM

Family Name _____ Date _____

Child Name _____ Grade _____ Homeroom _____

Check No. _____

Payment for: Volunteer Hours (\$3 per hour) _____

* Requirement is 15 hours per family or 10 hours for single parent families

NOTE: Payment for Holiday Boutique raffle tickets and bake sale will be collected at the time of the Holiday Boutique. Please do not remit payment for those items.

Thank You

Please attach your check made out to **Divine Child Elementary School** to this form and return both to the school office in an envelope marked ATTN: D.O.V.E.S.

