

Splash Parents' Volunteer Hours Report

This form is being submitted to verify our family has performed the following service(s) in accordance with Valley Splash Parent Volunteer requirements:

Name of Swim Meet or Team Activity: _____

Volunteer Hours Performed:

<u>Date</u>	<u>Start Time</u>	<u>Finish Time</u>	<u>Hours</u>	<u>Description of Service / Function Performed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Hours Submitted: _____

Swimmer Name(s): _____

Volunteer Name(s): _____

Volunteer(s)' Signatures: _____

Date Received in Office: _____
(office use only)

Please return completed form to the swim office or send as attached email to ysswimteam@gmail.com within 30 days of time volunteered