

Triad Volunteer and Service Record



Volunteer Name: _____

Child(ren) Name(s): _____

*Each Triad family is required to provide at least 20 hours of volunteer service or pay a Family Service Fee of \$300. Please record your service hours here.
We welcome the recording of hours above and beyond the 20 hours as we sometimes use these records for grant applications.*

Date-Year	Activity or Service Description	Hours Served	Staff or Faculty Contact
Total Hours Served: _____			

Volunteer Signature: _____

Date Submitted: _____