
Hall Middle School Community Service Hours Card

Student: Last name _____ First name _____

Grade _____ Homeroom Teacher _____ Home Room _____

Number of Hours volunteered _____ Dates Volunteered _____

Place and description of volunteering activity _____

Signature of parent/volunteer coordinator _____

Parent phone number and/or email _____

Please turn in form to Hall Office Secretary. Additional forms can be obtained from the Hall Office or the community service web site at http://hall-school.org/students/comm_serv.htm. You can also check the web site for more information about the Hall Volunteer program, volunteering ideas, or to check the number of hours you have volunteered. Questions? Email hallcommunityservice@hallpta.org or contact one of the members below.

Thanks for volunteering,
Pam Ferroggiaro, Suzanne Lawton, Gloria Hood
Hall Community Service

Hall Middle School Community Service Hours Card

Student: Last name _____ First name _____

Grade _____ Homeroom Teacher _____ Home Room _____

Number of Hours volunteered _____ Dates Volunteered _____

Place and description of volunteering activity _____

Signature of parent/volunteer coordinator _____

Parent phone number and/or email _____

Please turn in form to Hall Office Secretary. Additional forms can be obtained from the Hall Office or the community service web site at http://hall-school.org/students/comm_serv.htm. You can also check the web site for more information about the Hall Volunteer program, volunteering ideas, or to check the number of hours you have volunteered. Questions? Email hallcommunityservice@hallpta.org or contact one of the members below.

Thanks for volunteering,
Pam Ferroggiaro, Suzanne Lawton, Gloria Hood
Hall Community Service