

**ST. LUKE CATHOLIC ELEMENTARY SCHOOL  
PARENT PARTICIPATION PROGRAM 2009-2010**

**Please make sure to obtain the proper authorized signature**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Volunteer's Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_ **Hours Worked:** \_\_\_\_\_

**Service Performed:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form **MUST** be turned in within one week after Date of Service!

(Office use only – entered in PPP book \_\_\_\_\_)

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