

**ST. VERONICA PVC REPORT FORM**  
2006-2007

**Volunteer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child(ren) Last Name:** \_\_\_\_\_ **Month of Service:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Buy-Out Option (\$5.00 per point)**\_\_\_\_\_ (Make checks payable to St. Veronica PTO)

**For each service that you are documenting below, please complete all four sections. This information is required for volunteer point verification.**

Date of Service	Type of Service	Teacher/Chairperson Helped	Number of hours

**Send original form to office monthly. Retain copy for your records.**  
**Contact Allison Smith at [allisonms@cox.net](mailto:allisonms@cox.net) if questions.**