ALIEF INDEPENDENT SCHOOL DISTRICT

ONE-TIME (NON-CLEARED) SPEAKER/PRESENTER VOLUNTEER HOURS RECORD

***Must be supervised at all times by an Alief ISD employee**
***Must be 18+ years old**

For School Use Only

Assigned # _____

First Name _____ Middle Name _____ Last Name _____

Street Number _____ Street Name _____ Apartment _____

City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____ Work Phone _____

Email _____ Primary Campus (for communication purposes) _____

In case of an emergency while volunteering, contact: Name _____ Phone _____

You are helping as a(n): ☐ Alief ISD Parent/Guardian/Family Member ☐ Business Partner

☐ Community Member ☐ Other _____

If you have children/family members in this school:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

DATE month/day/year	**TIME IN**	**TIME OUT**	***For Volunteer Coordinator Use Only*** TOTAL TIME VOLUNTEERED **HOURS**	**MINUTES**	***REQUIRED - NOTE TYPE OF VOLUNTEER SERVICE** (EX: Presenter, Speaker, Fall Festival, BOY set up, etc.)
Signature:			Total Hours Here	Total Minutes Here	Notes:
			convert hours to minutes	carry minutes down	
				+	
			TOTAL NUMBER OF MINUTES HERE		

Revised 7/2019