



YUMA CATHOLIC HIGH SCHOOL
PARENT HOURS
VOLUNTEER / DONATION FORM

PARENT (VOLUNTEER) FULL NAME: _____

STUDENT NAME & GRADE: _____

SERVICE ACTIVITY: _____

SERVICE DATE: _____

SERVICE HOURS (START TO END): _____

YCHS SERVICE ACTIVITY COORDINATOR
(I.E. STAFF, COACH, OR FACULTY MEMBER): _____

For donation of food, drinks, or other requested items, please fill out this portion.

ITEMS DONATED: _____

TOTAL COST OF ITEMS DONATED: _____

LIST WHO IS RECEIVING THESE ITEMS: _____

YCHS SERVICE ACTIVITY COORDINATOR
(I.E. STAFF, COACH, OR FACULTY MEMBER): _____

PLEASE SUBMIT COMPLETED FORM TO YCHS FRONT DESK.

THE ADVANCEMENT OFFICE OVERSEES PARENT HOURS AND CAN BE REACHED AT ADVANCEMENT@YUMACATHOLIC.ORG.

THANK YOU FOR YOUR CONTRIBUTIONS!



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