

**ST. BERNARD CATHOLIC HIGH SCHOOL  
PARENT/ VOLUNTEER VOUCHER**

*RETURN THIS FORM TO THE MAIN OFFICE. ALL FORMS MUST BE SIGNED BY THE SUPERVISING SCHOOL REPRESENTATIVE.*

**PLEASE PRINT CLEARLY**

Registered Parent		
Volunteer Name (If different from above.)		
Student Name		Grade:
Volunteer Activity or Item(s) Donated		
Date(s) of Activity		
Volunteer Signature		Date:
Supervising School Representative	Print Name:	# of Service Hours:
	Signature:	Date:

-----TEAR HERE-----

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PARENT/ VOLUNTEER VOUCHER**

**\*\*\*COPY\*\*\***

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*KEEP THIS COPY FOR YOUR RECORDS. ALL FORMS MUST BE SIGNED BY THE SUPERVISING SCHOOL REPRESENTATIVE.*

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