

**JEFFERSON COUNTY PUBLIC SCHOOLS
VOLUNTEER SERVICES RECORD**

PROGRAM NAME: _____
VOLUNTEER NAME: _____
ORGANIZATION: _____
EVENT: _____
TYPE OF SERVICE: **PROFESSIONAL** **HOURLY RATE:** _____
 NON-PROFESSIONAL

| Date | Time In | Time Out | Total Hours | Service Donated (Describe) |
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TOTAL HOURS
TOTAL ESTIMATED VALUE \$ _____

These Volunteer Services were obtained at no cost to Jefferson County Public Schools and are not from Federal sources unless authorized by law. The information supplied herein will be documented and used as non-federal in-kind match to this program.

I do hereby certify that I have worked as a volunteer.

Volunteer Signature

Approved by Director