Gates Chili School District
Volunteer Time Sheet

Month/Year_____

Name of Volunteer: _____

Volunteer email: _____

Volunteer mailing address: _____

Buillding or Department:

□Armstrong □Brasser □Disney
□Paul Road □Middle School □High School □Athletic Department

Date:	**Time from:**	**Time to:**	**Activity:**	**Number of hours:**
TOTAL:				

(if needed, continue on other side) *Signature of Principal or designee*_____

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Date:	Time from:	Time to:	Activity:	Number of hours:
TOTAL:				

*Signature of Principal or designee*_____