Katy Independent School District
Volunteers in Public Schools

NAME (optional) _____

Katy Independent School District

Volunteer Record

DATE	VOLUNTEER NAME *(Please Print)*	PARENT	COMMUNITY	LOCATION	TIME IN	TIME OUT	ON CAMPUS TOTAL	Off Campus Hours
EX: 1/11	Billie Hartzell	✔		OFFICE	9	10:20	1.5	6
							TOTAL ON CAMPUS	TOTAL OFF CAMPUS

VOLUNTEER COORDINATOR – On the tenth day of each month, please submit hours for the previous month to the VIPS Data Management Chairman.