



# McDonnell Area Catholic Schools Volunteer Form

Volunteer First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Hours of Service are to be credited to: \_\_\_\_\_

Volunteer Event	Who Sponsored Event	Date(s) of Service	Hours Worked	Coordinator Signature

<b>Central Office Only:</b> Date Received: _____ By: _____
Approved: _____ Denied: _____ Date Entered: _____

Return to any MACS school office, Attn: Volunteer Coordinator [send form to Central Office]  
Contact Candas Konop with any questions [c.konop@macs.k12.wi.us](mailto:c.konop@macs.k12.wi.us) or 715.723.0538 x3301