



# Parish Volunteer Verification Sheet

Volunteer Name: \_\_\_\_\_

Date worked: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Type of volunteer service provided: \_\_\_\_\_  
(reader, sacristan, parish council member, church picnic, CCD teacher, etc)

By signing below, I am certifying that the above volunteer worked for our parish as described above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parish: \_\_\_\_\_

Return forms to Jenny Schafer at McDonnell Area Catholic Schools, 715.723.0538 ext 3306 (call for pick up or mail)



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