

Our Lady of Victory

Soccer

Volunteer Hours Worksheet

Coaches/ Assistant Coaches/ Committee Members

Month, Year: \_\_\_\_\_

\_\_\_\_\_ Practice Hours

\_\_\_\_\_ Meeting/ Admin. Hours

Month, Year: \_\_\_\_\_

\_\_\_\_\_ Practice Hours

\_\_\_\_\_ Games

\_\_\_\_\_ Meeting/ Admin. Hours

Month, Year: \_\_\_\_\_

\_\_\_\_\_ Practice Hours

\_\_\_\_\_ Games

\_\_\_\_\_ Meeting/ Admin. Hours

Month, Year: \_\_\_\_\_

\_\_\_\_\_ Practice Hours

\_\_\_\_\_ Games

\_\_\_\_\_ Meeting/ Admin. Hours

I, \_\_\_\_\_, have completed \_\_\_\_\_ hours towards my Home School volunteer hours.

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Signature of Coach/ Assistant Coach/ Field Crew or Committee Member

Child's Name and Homeroom

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Signature of Our Lady of Victory Soccer Coordinator

Date

***\*Must be turned in to HSA Volunteer Coordinator within 2 weeks of the end of season\****