**St. John the Baptist School**

**500 South 18th Street**

**Plattsmouth, NE 68048**



**Stewardship Hours Tracking Sheet**

Each family is required to contribute a minimum of 20 family service hours to assist with school and parish activities each year.

1. Please record all your service hours on this sheet and return it to the Office.
2. Five stewardship hours MUST be allocated to one of the following Parish/school fundraising efforts: Spring Dinner, Fall Festival, Lenten Fish Fry, or Catering Events.
3. In the event a family has not fulfilled their 20-hour requirement by April 30 the family is invoiced for the remainder of their hours at a rate of $35.00 per unfulfilled hour.

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

Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student (if different from family name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number (if questions regarding form):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Event/Activity | # of Hours | Approval Signature | Admin Initials |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 Total Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only…………………………………………………………………………………………………...

Administration Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_