## Step Up After School Program

1144 East Channel Street & Stockton, CA 95205 & 209.933.7130 & 209.933-7131 (fax)



## Contributed Services Documentation Form

<b>Volunteer Information</b>										
Organizatio	n:									
Nam	e:									
Phon	e:									
Fa	x:									
Ema										
Addres	SS:									
	I									
	Date			Time			Total Hour(s)			
			Star		•	PM				
			Finisl			PM				
				<u> </u>						
Contribution Information (Please supply in one or more of the following categories to help us maximize										
your contribution to the STEP Up program)										
Hourly Pay Rate or Annual Salary			ry F	Presentation/Service Fee			Material Value			
							(**Please itemize below)			
Voluntaar's Signatura:										
Volunteer's Signature:										
Staff Member Signature:										
STAFF ON		hav aanna	an an din a ta	the envenie	to gominos	narfarm	ad			
Place checkmark in the box corresponding to the appropriate services performed										
Mentoring 7	Tutoring	Tour of	Materials	Presentation	Meeting	Field	1	Event	College	Other
Wichtoffing	utoring	work	iviateriais	1 resentation	w/staff	Trip		Planning	Prep	Other
		place			2	Meeti				
		1	•			•				
Other:										