



ST. FRANCIS DE SALES
CATHOLIC SCHOOL

SFDS SUNSHINE FUND
APPLICATION FORM

Date: _____

Name: _____

Student Name(s): _____

Best Way to contact You? _____

Hours Completed: _____

Hours Requested: _____

Have you tried At Home Tasks? Y / N

Please State/Describe the circumstances that prevent you from completing all 30
volunteer hours.

Signature: _____

(All information submitted remains confidential) Submit to Volunteer

Coordinator at volunteerco@sfdscs.org, or turn in to school office.