

TEXAS TEENS IN THE DRIVER SEAT® ALL-STARS



School Name: _____

To whom it may concern,

The attached activity forms, submitted by the TDS Sponsor/Advisor, are accurate and complete. I confirm that all volunteer hours submitted to Teens in the Driver Seat are true and accurate to the best of my knowledge. I also acknowledge that all the volunteer hours can count toward federal in-kind match dollars, which is currently valued at the current federally-approved rate (which included both teens and adult volunteers).

Signature

Title

TEXAS TEENS IN THE DRIVER SEAT[®] ALL-STARS



School Name: _____ Event/Activity Name: _____

Date: _____ Start time: _____ End time: _____

Please indicate when this event/activity was held: Before or After School Lunch

Student Signature:	Grade: