Volunteer Hours Reporting Form

Project Name

Project Category
(Check One)

_____ **Education**
_____ **Environment**
_____ **Life Enrichment/Health & Human Services**
_____ **Pioneer General Activities**

Project Description
What did the volunteers do?

Non-Profit Partner

Project Leader
Name, Phone & E-Mail

Charity / School / Organization

Project Location

Project Address
Include Full Address
Street City ST Zipcode

Chapter / Council / Club

Project --- Start Date & End Date

Volunteer Name	Telephone # and/or E-Mail	Member Type *	Hours	Quantity
	TOTALS			

Member Type * --- Regular = RM, Life Member = LM, Partner/Family Member = P, Other = O

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