

SEASONAL FESTIVAL VOLUNTEER ACTIVITY LOG

Volunteer Name: _____

Festival Season: _____

Organization: _____

Supervisor: _____

| DATE | ACTIVITY / STATION | HOURS | SUPERVISOR INITIALS | DONE |
|--------|-----------------------------|-------|---------------------|------|
| Oct 12 | Event Setup & Decoration | 4.0 | | |
| Oct 13 | Information Desk / Greeting | 5.5 | | |
| Oct 13 | Activity Booth Management | 3.0 | | |
| Oct 14 | Cleanup & Breakdown | 4.0 | | |

Total Hours: _____

Notes: Please ensure all signatures are captured on the day of the event. Return this form to the Volunteer Coordinator within 7 days of the festival conclusion.