

VOLUNTEER HOURS LOG

Year: 20

VOLUNTEER NAME:

ORGANIZATION:

SUPERVISOR:

CONTACT EMAIL:

DATE	TIME IN/OUT	DESCRIPTION OF ACTIVITIES	HOURS	SUPERVISOR INITIALS
-------------	--------------------	--------------------------------------	--------------	----------------------------

DATE

TIME IN/OUT

DESCRIPTION OF
ACTIVITIES

HOURS

SUPERVISOR INITIALS

TOTAL CUMULATIVE HOURS: _____

Volunteer Signature _____

Coordinator Signature _____

Date Signed