

VOLUNTEER HOURS LOG

Official Service Record

Year: 20____

Volunteer Name: _____

ID/Reference: _____

Organization: _____

Supervisor: _____

DATE	ACTIVITY / LOCATION	DESCRIPTION OF TASKS	HOURS	INITIALS
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DATE

**ACTIVITY /
LOCATION**

DESCRIPTION OF TASKS

HOURS

INITIALS

Total Cumulative Hours

Volunteer Signature

Supervisor Signature

Date Verified