



“GIVE BACK” HOURS

NAME _____ PHONE # _____ EMAIL ADDRESS _____

DATE	WHAT TYPE OF WORK DID YOU DO?	# HOURS WORKED	ORGANIZATION YOU VOLUNTEERED FOR	NAME, SIGNATURE, AND PHONE NUMBER OF SUPERVISOR OF YOUR SERVICE HOURS	
				PRINTED NAME AND SIGNATURE	DATE

TOTAL HOURS _____

Use this form to record your service hours. You'll need to obtain a signature everytime you volunter. Make a copy of this form for your records and turn in the “ORIGINAL SIGNED” version to the House Manager.