

Individual Member Volunteer Services Hours Report

Volunteer Name: _____

Year _____

JANUARY

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

FEBRUARY

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

MARCH

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

TOTAL _____

TOTAL _____

TOTAL _____

APRIL

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

MAY

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

JUNE

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

TOTAL _____

TOTAL _____

TOTAL _____

JULY

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

AUGUST

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

SEPTEMBER

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

TOTAL _____

TOTAL _____

TOTAL _____

OCTOBER

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

NOVEMBER

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

DECEMBER

REA _____
 Civic/Club _____
 Hospital _____
 Schools _____
 Church _____
 All Others _____

TOTAL _____

TOTAL _____

TOTAL _____

Please call/email each month to report hours or turn in at general meeting:

VS Chairman: _____ Phone #: _____ Email: _____

