

# SERVE OFFICE

## Individual Volunteer Hours Report Form

Name: \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Box Number \_\_\_\_\_ Extension or Phone \_\_\_\_\_

Please fill in your volunteer hours on the form below. There is room for six volunteer experiences. For each experience, please include the date, the number of hours, the agency, and the activity for which you volunteered.

<u>Date</u>	<u># of Hours</u>	<u>Agency</u>	<u>Activity</u>

Comments?

When the form is full, please return it to the SERVE office.

Many Thanks!