

## Volunteer Service Record

Printed Name: \_\_\_\_\_

Month: \_\_\_\_\_ 2017

**Hours and miles are the month's total, you do not need to list each day separately.** Please complete monthly and send to: **CJ Grove Volunteer Coordinator, P.O. Box 2308 Silverthorne, CO 80498, fax 970-468-1208, or email to [volunteers@nwccog.org](mailto:volunteers@nwccog.org).** If you have any questions, please call 970-468-0295 ext. 122. **Please remember to have each Volunteer Site Supervisor sign in the space provided below**

(Month's Totals)

**ORGANIZATION A NAME:** \_\_\_\_\_ **Station Rep. Sig** \_\_\_\_\_

JOB PERFORMED	LOCATION of assignment	# CLIENTS	# DAYS	TOTAL HOURS	TOTAL MILES

**ORGANIZATION B NAME:** \_\_\_\_\_ **Station Rep. Sig** \_\_\_\_\_

JOB PERFORMED	LOCATION of assignment	# CLIENTS	# DAYS	TOTAL HOURS	TOTAL MILES

**ORGANIZATION C NAME:** \_\_\_\_\_ **Station Rep. Sig** \_\_\_\_\_

JOB PERFORMED	LOCATION of assignment	# CLIENTS	# DAYS	TOTAL HOURS	TOTAL MILES

**ORGANIZATION D NAME:** \_\_\_\_\_ **Station Rep. Sig** \_\_\_\_\_

JOB PERFORMED	LOCATION of assignment	# CLIENTS	# DAYS	TOTAL HOURS	TOTAL MILES

Volunteer signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**RSVP Representative** \_\_\_\_\_

***For office use only: (Do not complete)***

Amount: \_\_\_\_\_ Submitted: \_\_\_\_\_

Acct. Code 2915-7313