COMMUNITY SERVICE VOLUNTEER HOURS FOR 20 _____   Name_____

Volunteer Activity	Jan hrs	Feb hrs	Mar hrs	Apr hrs	May hrs	June hrs	July hrs	Aug hrs	Sept hrs	Oct hrs	Nov hrs	Dec hrs	Total activity hrs Youth	Other

Total hours "Youth"   _____   Total hours "Other" _____   **Grand total Hours_____**

Tally the number of volunteer hours for each activity. You may estimate your hours for December.
Categorize activity hours spent with/for YOUTH. Anything else is OTHER.   klburckhart@gmail.com
                                                                                  574-535-3237
Return completed form by January 15 to your local Community Service Chair   Lenette Burckhart
Please include more details about any activity that you found especially   10388 N. Grove Rd,
meaningful and helpful. The stories personalize the service.   Milford, IN 46542

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