



MONTHLY VOLUNTEER HOURS REPORT

THIS INFORMATION IS NEEDED TO ENSURE THAT WE CONTINUE TO QUALIFY FOR OUR NON-PROFIT STATUS. PLEASE FILL IN THE FOLLOWING INFORMATION AND SIGN YOUR NAME AT THE BOTTOM OF THE FORM.

- ENTER THE NUMBER OF HOURS FOR EACH TIME YOU VOLUNTEERED DURING THE MONTH.
- **Do Not** RECORD MEETING HOURS; THOSE WILL BE KEPT BY COMMITTEE CHAIRS.
- TOTAL THOSE HOURS BY PROJECT.
- RETURN THE FORM TO ISLAND WOMEN AT THE MONTHLY MEETING OR BY MAIL TO:
ISLAND WOMEN, PO Box 1212, CAROLINA BEACH NC 28428

NAME PLEASE PRINT – LAST, FIRST, MI		CONTACT INFORMATION: PHONE NUMBER OR EMAIL		
DATE	PROJECT	VOLUNTEER ACTIVITY	HOURS	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		TOTAL HOURS THIS MONTH		

PLEASE ASSIST US IN OUR RECORDKEEPING BY SUMMARIZING YOUR TOTAL HOURS BY PROJECT BELOW:

PROJECT NAME	TOTAL HOURS

CERTIFICATION OF ACCURACY: I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND REPRESENTS A TRUE AND ACCURATE RECORD OF MY VOLUNTEER PARTICIPATION.

Volunteer's Signature

Date

SUBMIT REPORTS MONTHLY