Chapter 1, Utah DAV
Volunteer Hours Report for Group Activities

Event description_____

Event date(s) & time(s)_____

Person submitting report, name, last 4 and title_____

NAME (Last, First)	Last 4 of SSN	Volunteer Hours	Drive Time Hours	Auxiliary? [ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]
_____	_____	_____	_____	[ ]