

Chapter 1, Utah DAV
Volunteer Hours Report for Individual

Name: _____ Last 4 of SSN _____

Auxiliary member? Yes[] No[] Dual membership []

Reporting period: From _____ to _____

Activity: _____

Date(s) Time(s) _____

Hours for this activity _____ Drive Time hours _____ Preparation hours _____

Remarks _____

Activity: _____

Date(s) Time(s) _____

Hours for this activity _____ Drive Time hours _____ Preparation hours _____

Remarks _____

Activity: _____

Date(s) Time(s) _____

Hours for this activity _____ Drive Time hours _____ Preparation hours _____

Remarks _____

Activity: _____

Date(s) Time(s) _____

Hours for this activity _____ Drive Time hours _____ Preparation hours _____

Remarks _____

Activity: _____

Date(s) Time(s) _____

Hours for this activity _____ Drive Time hours _____ Preparation hours _____

Remarks _____

Activity: _____

Date(s) Time(s) _____

Hours for this activity _____ Drive Time hours _____ Preparation hours _____

Remarks _____