

# VOLUNTEER SERVICE HOURS MONTHLY LOG SHEET



Volunteer Name: \_\_\_\_\_

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

Volunteer Email: \_\_\_\_\_

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

• *Please return this completed form to the Main Street Jefferson office at: 28 College Street, Jefferson, GA 30549* •

DATES OF SERVICE	PROJECT NAME	DESCRIPTION OF SERVICE	SERVICE HOURS

**TOTAL VOLUNTEER HOURS  
ON THIS SHEET**

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Additional Volunteer Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE ONLY</b>
Received By: _____ Receive Date: _____ Report Date: _____ Report Mo/Yr: _____