



## Volunteer Service Form

Volunteer's Name \_\_\_\_\_ Month/Year \_\_\_\_\_

DATE	STUDENT OR ASSIGNMENT	DESCRIBE ACTIVITY	HOURS	COMMENTS

*Please record your hours and send this form by the 10<sup>th</sup> of the following month to Vicki Hoffman by standard or email [vhoffman@tricountyoic.org](mailto:vhoffman@tricountyoic.org). Thank you very much for volunteering with Tri-County OIC. Please record any questions, book or supply needs, etc., here:*

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Signature \_\_\_\_\_