



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 10th of the following month to Vicki Hoffman by standard or email vhoffman@tricountyoic.org. Thank you very much for volunteering with Tri-County OIC. Please record any questions, book or supply needs, etc., here:

Signature _____