Volunteer Hour Log

Please record the date and number of hours you worked for each activity. Return this sheet at the end of each month to the Volunteer Coordinator in the kitchen mailbox or email volunteer@hcbhp.org.

Name: _____ Month/Year: _____

	Hours				
Date	Client Services	Outreach	Fund - raising	Mgmt/ General	Activity
Total					

Examples:
CLIENT SERVICES: Warmline, Support Group, Hat Knitting, Medical Records Binders
OUTREACH: Health Fair Tabling, Presentation
FUNDRAISING: Wine Pour, Raffle Ticket Sales, Raffle Tabling, Sales for Survivors
MANAGEMENT/GENERAL: Data Entry, BOD Meeting, Bulk Mailing, Gardening, Mowing

---

Name: _____ Month/Year: _____

Please list any in-kind donation item and the dollar value here.

In-Kind Donation and $ Value: _____
In-Kind Donation and $ Value: _____
In-Kind Donation and $ Value: _____