







Activity	Description of Involvement	I	L	V	P	O	Date(s) M/D/Y	Supervisor Initial's	Total Hours

**Culmination of all your Volunteer Hours:**

Total Hours in **Leadership Roles:** \_\_\_\_\_

Total Hours in **Volunteer Roles:** \_\_\_\_\_

Total Hours in **Participant Roles:** \_\_\_\_\_

Total Hours in **Other Roles:** \_\_\_\_\_

**Total Hours Volunteered throughout all activities:** \_\_\_\_\_