ACTIVITY FORM

Date: _____

Activity Location:	
Activity Address:	

PLEASE *PRINT* SPECIFIED INFORMATION

WE WOULD LIKE TOP ACKNOWLEDGE YOUR GENEROSITY

NAME and TITLE	
ORGANIZATION	
ADDRESS (Complete)	
TELEPHONE #	

ACTIVITY INFORMATION		
TYPE OF ACTIVITY:	LOCATION:	# OF RESIDENTS:
START TIME: am / pm	END TIME: am / pm	
LEADER:	REFRESHMENTS and PRIZES:	

VOLUNTEER LOG

NAME:	POST:	TIME IN:	TIME OUT:	TOTAL HOURS: