Volunteer Hours Log

Project Title: _____

Neighborhood Association: _____

Each volunteer should fill out their own information for each date of volunteering, and each volunteer must also include their signature in the appropriate column below to confirm their volunteer hours.

Date	First and Last Name (Please Print)	Brief Description of the Activity	Clock In Time	Clock Out Time	Hours Worked (HH:MM)	Signature (To certify hours)
					Total Hours Worked	

Volunteer Rate:
2024 Grant Projects - $33.49/hr

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