INDIVIDUAL VOLUNTEER SERVICE RECORD - 20__

NAME_____

PHONE _____

YEAR YOU BEGAN VOLUNTEERING WITH US _____
COUNTY OF RESIDENCE _____
ARE YOU A MASTER GARDENER? Yes ____ No_____

Today's Date	Volunteer Group/ activity or staff worked with today	Time In	Time Out	Hours Today	Total Hours This Year	Office Use

**** Please continue recording hours on another page.**
Thank you for volunteering with us. We appreciate all you do for the CGC !