Volunteer & Education Hours Report Form

Name _____ **E-Mail** _____

Address _____ MI _____
Street City State Zip

Phone _____ _____
Home Work

VOLUNTEER HOURS

Group	Date (m/d/year)	Brief Description of Volunteer Work	# people served	# Hours	Extension? (Y / N)	Office Use
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
				Total Hours:		

EDUCATION HOURS

Group	Date (m/d/year)	Class Title, Instructor Name, Brief Description	# Hours	Office Use
				☐
				☐
				☐
				☐
				☐
				☐
			Total Hours:	

If you are mailing this form, send it to:
Kristin Kendall-Holliday
Wayne County MSU Extension
640 Temple - 6th Floor
Detroit, MI 48201 **(313) 833-2925**

If you are emailing this form, send it to both:
- **kendallk@msue.msu.edu**
- **brksmith@hotmail.com**

Revised: 10/26/04

KEEP A COPY FOR YOUR RECORDS!