



Volunteer Services

Record of Volunteer / Intern Service (circle one)

Month of _____ 201 _____

NAME					
JOB CLASSIFICATION					
WORK LOCATION					
DATE	HOURS WORKED	DATE	HOURS WORKED	DATE	HOURS WORKED

TOTAL NUMBER OF HOURS VOLUNTEERED / INTERNEED THIS MONTH _____

IF INDIVIDUAL LEAVES SERVICE DURING THE MONTH, ENTER LAST DAY WORKED. _____

IF INDIVIDUAL IS LEAVING, BUT WILL RETURN, ENTER LAST DAY WORKED _____

ESTIMATED DATE OF RETURN _____

I certify the above information is true and correct to the best of my knowledge.

Signature of Volunteer / Intern

Date

Signature of County Representative

Date

Return completed form by the 10th of the following month.

PO Box 7800, Tavares FL 32778-7800

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www.lakecountyfl.gov/volunteer