



## Volunteer Hour Log

Please record the date and number of hours you worked for each activity. Return this sheet at the end of each month to the Volunteer Coordinator in the kitchen mailbox or email [volunteer@hcbhp.org](mailto:volunteer@hcbhp.org).

Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

|       | Hours           |          |                |               |          |
|-------|-----------------|----------|----------------|---------------|----------|
| Date  | Client Services | Outreach | Fund - raising | Mgmt/ General | Activity |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
|       |                 |          |                |               |          |
| Total |                 |          |                |               |          |

### Examples:

CLIENT SERVICES: Warmline, Support Group, Hat Knitting, Medical Records Binders

OUTREACH: Health Fair Tabling, Presentation

FUNDRAISING: Wine Pour, Raffle Ticket Sales, Raffle Tabling, Sales for Survivors

MANAGEMENT/GENERAL: Data Entry, BOD Meeting, Bulk Mailing, Gardening, Mowing

-----  
Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Please list any in-kind donation item and the dollar value here.

In-Kind Donation and \$ Value: \_\_\_\_\_

In-Kind Donation and \$ Value: \_\_\_\_\_

In-Kind Donation and \$ Value: \_\_\_\_\_