American Red Cross
Surry County Chapter

Disaster Services Volunteer
Record of Hours Contributed

Name of Volunteer: _____ Month/Year:_____

Please fill in the purpose and amount of hours that you have volunteered (meetings and training are to be included). This document is very important as it lets our supporters know how we have served the community. Every hour counts. Make sure that your hours do! (Round off to the nearest hour.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Notes:

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Signature

Total hours: _____