

HURON COUNTY VOLUNTEER HOUR LOG

FOR (NAME) _____

Please list each 24-hour date of service separately. Also indicate the type of service provided. ER advocacy, Office, Home Tasks, ect.

SHIFT DATE & TYPE	NUMBER OF HOURS
EXAMPLE: Monday, 10/06-10/07/08-ER Advocacy	14
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Total number of hours for the month _____

