

# LCE VOLUNTEER HOURS

Committee: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Phone: \_\_\_\_\_

Year: \_\_\_\_\_

Please use this table to provide an accurate compilation of the volunteer hours you performed as a member of the committee. As necessary, please complete one table for the CHAIRMAN's hours and a second table for the COMMITTEE MEMBERS' combined hours. Thank you.

Month	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL
July						
August						
Sept						
October						
November						
December						
January						
February						
March						
April						
May						
June						

**Include this form with your Procedure Manual Report Form.**