



## SUMMER OF SERVICE - VOLUNTEER HOURS LOG



VOLUNTEER NAME: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Date(s)	Name of Volunteer	Work Performed & Location	# of Hours

ATTESTED BY: \_\_\_\_\_

Parent Signature

PLEASE RETURN THIS FORM TO THE UTAH COMMISSION ON VOLUNTEERS BEFORE 9/1/2010.  
HOURS MAY ONLY BE LOGGED FOR SERVICE DONE BETWEEN JUNE 1<sup>ST</sup> 2010 AND AUGUST 31<sup>ST</sup> 2010.  
SUBMIT THIS COMPLETED FORM TO JUSTIN BY FAX 801-538-8690 OR BY EMAIL JWHUDSPETH@UTAH.GOV