

Master Food Volunteer Hours Report

Name: _____ Date Submitted: _____

Address: _____

Email: _____ Phone: _____

| Projects Report (Table I) | | | | | | |
|---------------------------|-------------------------------|---------------------------|-------------------------------|------------------------------|----------------|--------------------------------|
| Date | Project/ Place Description | Location (City/County) | Project Hours ¹ | Admin. Hours ² | Total Hours | Travel Mileage ³ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL HOURS | | | | | | |

¹Include time spent traveling, preparing, and working for Extension programs in the “project hours” box.

²Include time spent working on administrative tasks in the “admin hours” box (help with copying, answer phones, scanning, mailing, brochures, advertising, etc.).

³Travel Mileage should be round trip mileage.

(Rev0110)

| ----- OFFICE USE ONLY ----- | | |
|-----------------------------|------------------------|----------------|
| Approved by: | Date: | Entered by: |
| Previous hrs. total | + Total hrs. this form | = Career Total |

RETURN COMPLETED FORM TO YOUR LOCAL EXTENSION OFFICE BY THE FIFTH OF EVERY MONTH FOR THE PRECEDING MONTH IN WHICH YOU VOLUNTEER.

www.ext.vt.edu

Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Tech, 2017