BMRLTRG Volunteer Hours Report—COVID

Team Name _____ **City** _____ **State** _____

Leader's name _____ **Leader's Cell** _____ **Date:** _____

Please complete one form with the names of your team members. Make one paper copy/scan for each day your team is working and return to Site Manager or Volunteer Coordinator. This form is necessary for our Grant Reports. Thank you for volunteering today!

Volunteer Name		Temp.	Time In	Time Out	Total Hours	Location of Worksite	Brief Description of Work
Last	First						(Debris removal, fence repair, construction, etc.)

Thank you for your work!