



## Volunteer Hour Log

Use this form to track and verify time spent volunteering. Volunteer Hour Logs must be turned in at a Co-op Information Desk within two weeks of the date of service.

Name: \_\_\_\_\_ Owner #: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Organization or Volunteer Activity: \_\_\_\_\_

Volunteer Supervisor (sign and date): \_\_\_\_\_  
(or Co-op staff member receiving treatment)

### Co-op Staff Section:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Discount Card(s) Issued: \_\_\_\_\_

Type of Volunteering:      Community Partner      In-house      Staff Wellness      Education

Notes:



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