

Volunteer Log

Use this tool to log in-house, community, and staff wellness volunteer hours.

Worksheets must be returned to an info desk no later than two weeks after Date of Service.

Need another copy? Find it online at www.lamontanita.coop. Questions? Contact memb@lamontanita.coop or call 217-2016.

Volunteer / Provider Section - The volunteer coordinator or staff wellness provider should fill in this section.

Name of Volunteer / Staff Wellness Provider (First & Last): _____

Email Address: _____ Phone: _____

Member Number (Please enter the entire 6-digit number): _____

Date(s) of Service: ____/____/____, ____/____/____, ____/____/____, ____/____/____,

Hours Worked: _____

Organization (if you are a community partner): _____

Volunteer Coordinator / Staff Receiving Treatment: (First & Last): _____ (Date) ____/____/____



Staff Section - The staff person issuing discount cards should fill in this section.

Discount Card # (Please put the unique four or five digit number located at the lower left corner of the barcode, not the barcode number.)

_____, _____, _____, _____,

_____, _____, _____, _____,

_____, _____, _____, _____,

Volunteer Program Area: Community Capacity Building Member Outreach (In-house) Schools & Education Staff Wellness

Name of Staff Person Issuing cards: _____

Date Issued: ____/____/____

Distributed at: Nob Hill Valley Santa Fe Gallup CDC / Admin Other

Notes (If there is anything unusual or notable about the service provided or about discount card distribution):

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