

Co-op Worker Bees Volunteer Hours Log



Volunteer Name: _____

Member Number: _____

Take this form with you each time you attend a volunteer shift.

- Fill in the Date, the Location/Organization Name and your start and end times.
- Have a supervisor at your volunteer site sign your form confirming you met the volunteer task time & expectations.
- Staff signatures are required for your hours to count.

Once you reach six (6) hours, submit your completed log at any CCM register to have your volunteer hours processed.

Date	Start Time	End Time	Total Time	Staff Name Printed	Staff Signature
Select Location: <input type="checkbox"/> Big Bend Hospice <input type="checkbox"/> Big Brother Big Sister of the Big Bend <input type="checkbox"/> Elder Care Services <input type="checkbox"/> Frenchtown Neighborhood Improvement Association <input type="checkbox"/> Guardian Ad Litem <input type="checkbox"/> The Kearney Center <input type="checkbox"/> Leon County Humane Society <input type="checkbox"/> Little Sunshine Pantries <input type="checkbox"/> North Florida Wildlife Center <input type="checkbox"/> Second Harvest of the Big Bend <input type="checkbox"/> St. Francis Wildlife Association <input type="checkbox"/> Tallahassee Animal Shelter Foundation <input type="checkbox"/> Select CCM Event <i>Must Be Pre-approved</i>					
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CO-OP USE ONLY

Date Processed: _____ Employee Initials: _____

Hours Eligible? YES NO Discount Applied? YES NO Date: _____

Notes: _____