



VADA FREDERICKSBURG

"REACHING NEW LEVELS"

WWW.VADAF.NET

VADAF Volunteer Service Form

Name of Volunteer: _____ Circle one: Jr/YR Senior

Name of Person (if donating hours to Member): _____

Name of Activity: _____ Date of Activity: _____

Volunteer Service Performed: _____

Hours of Service Performed: _____ ½ day (4 hours)
_____ 1 day (8 hours)
_____ other (_____ hours)

Signature of Activity Coordinator: _____

Mail this form to Volunteer Coordinator by November 30th. See Handbook for the number of hours needed to be eligible for awards.



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