

VOLUNTEER WORKSHEET

FOR (CIRCLE ONE: POST, AUXILIARY, SON'S, RIDERS) MEMBERS

AMVET MEMBER'S NAME _____

TYPE OF SERVICE PROGRAM: CHILD WELFARE _____

COMMUNITY SERVICE _____

AMERICANISM _____

HOSPITAL _____

SCHOLARSHIP _____

PROJECT TITLE _____

FACILITY _____

DATE	# HOURS	# MILES	REFRESHMENTS	NEW MATERIALS	USED MATERIALS	CASH DONATION
TOTALS						

MEMBER SIGNATURE _____

DATE _____