

# 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 \_\_\_\_\_