



# Volunteer Hours Tracking

Name: \_\_\_\_\_  
*First M.I. Last*

EID #: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Why are you volunteering?

- LBC Credit
- Student Conduct
- Honors College Requirement
- Course Requirement
- Court Mandate
- Personal Interest
- Other: \_\_\_\_\_

Are you volunteering with a VISION program?

- Alternative Breaks
- GREEN
- Pen Pals
- Giving Garden
- 1 Day Event
- Other: \_\_\_\_\_

General Information		
Organization:		
Date:	Time:	# of hours volunteered:
Description of task(s):		
Supervisor Information		
Name:	Phone:	
Signature:	Email:	

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