



MONTHLY REPORT
OF
VOLUNTEER HOURS

MONTH OF _____

SCHOOL YEAR _____

SCHOOL NAME _____

VOLUNTEER COORDINATOR _____

VOLUNTEER HOURS

ADULT/SENIOR VOLUNTEER HOURS _____

YOUTH/STUDENT VOLUNTEER HOURS _____

TOTAL HOURS VOLUNTEERED THIS MONTH _____

**FROM THE ABOVE TOTAL HOURS,
PLEASE BREAK OUT THE FOLLOWING NUMBER OF VOLUNTEERS AND THEIR HOURS**

	<u>NUMBER</u>	<u>HOURS</u>
BIG BROTHERS & BIG SISTERS MENTORS	_____	_____
BUSINESS PARTNERS MENTORS	_____	_____
FOSTER GRANDPARENTS PROGRAM	_____	_____
HOSTS MENTORS	_____	_____
TAKE STOCK IN CHILDREN MENTORS	_____	_____
SCHOOL-ASSIGNED MENTORS/TUTORS	_____	_____
OTHER _____	_____	_____
_____	_____	_____
RSVP VOLUNTEERS*	_____	_____

*REMINDER: FORWARD RSVP STATION REPORT EACH MONTH TO:
UNITED WAY VOLUNTEER & COMMUNITY RESOURCE CENTER
P. O. BOX 362
STUART, FL 34995

PLEASE COMPLETE THIS FORM BY THE 10TH OF EACH MONTH AND SEND TO
cubam@martin.k12.fl.us

MARTIN COUNTY SCHOOL DISTRICT
MICHELLE CUBA
VOLUNTEER COORDINATOR LIAISON