



Volunteer Hours

Month of _____ Year _____ Name _____

Date	Function	Total Time	Misc. Notes
	Meetings		_monthly _board _committee _community _other
	Colony Care		_feeding _travel _purchasing food _care of property _other
	Spay/Neuter		_trapping _prep/clean traps _travel _clinics _Other
	Education		_Community events _presentations _meetings (town council, Chamber of Commerce etc.) _phone calls _fundraising _Other
TOTAL TIME			

Please round to quarter hour