



VOLUNTEER QUARTERLY REPORT

Name of Volunteer Coordinator:			Name of Worksite:		
Fiscal Year 20	Quarter: <input type="radio"/> 1st (July - September) <input type="radio"/> 2nd (October - December) <input type="radio"/> 3rd January - March <input type="radio"/> 4th (April - June)				
Name of Volunteer or Organization	Number of Volunteers	Hours Donated	Type Services Provided		
TOTALS			_____ per hour X (hours donated) _____ = _____		



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Donations:

Events: