

# SAMPLE

FLORIDA RETIRED EDUCATORS ASSOCIATION

## Individual Member Volunteer Services Hours Report

Volunteer Name: \_\_\_\_\_

Year \_\_\_\_\_

### JANUARY

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### FEBRUARY

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### MARCH

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

### APRIL

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### MAY

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### JUNE

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

### JULY

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### AUGUST

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### SEPTEMBER

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

### OCTOBER

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### NOVEMBER

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

### DECEMBER

REA \_\_\_\_\_  
Civic/Club \_\_\_\_\_  
Hospital \_\_\_\_\_  
Schools \_\_\_\_\_  
Church \_\_\_\_\_  
All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

Please call/email each month to report hours or turn in at general meeting:

VS Chairman: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_