

**NAME**

**HOURS FORM**

month / year

*(include travel time when appropriate)*

<b><u>Administration</u></b>	<b># Hrs.</b>	<b>Total</b>
Regular mtg. - day/evening	_____	
Board meeting	_____	
Marketing/Public Relations	_____	
Membership Development	_____	
Admin. Committee Work	_____	
Other	_____	
<b>Total Administrative Hours</b>		_____

**Social Committee & Events**

<b><u>Philanthropic Programs</u></b>		
ALI Bears	_____	
ALI Friends	_____	
Assault Survivor Kits®	_____	
Operation School Bell®	_____	
OSB - Beyond the Bell	_____	
OSB - Shoes	_____	
Other	_____	
<b>Total Philanthropic Hours</b>		_____

<b><u>Fundraising</u></b>		
Dine-to-Donate	_____	
Food Prep - reg. mtgs.	_____	
Grants	_____	
Holiday Luncheon	_____	
Hunt Golf	_____	
Mission Possible	_____	
Operation School Bell Mailer	_____	
Other	_____	
<b>Total Fundraising Hours</b>		_____

**TOTAL VOLUNTEER HOURS**

**Nonmember Volunteer Hours**

Bring this form to regular meetings or mail to:

Nancy Farris

14062 Quarter Horse Ct. Carmel, IN 46032