

NAME

HOURS FORM

month / year

(include travel time when appropriate)

<u>Administration</u>	# Hrs.	Total
Regular meeting	_____	
Board meeting	_____	
Marketing/Public Relations	_____	
Member Development	_____	
Admin. Committee Work	_____	
Other	_____	
Total Administrative Hours		_____

Social Committee & Events _____

Philanthropic Programs

ALI Bears	_____	
ALI Friends	_____	
Assault Survivor Kits®	_____	
Beyond the Bell	_____	
Operation School Bell®	_____	
Shoes	_____	
Other	_____	
Total Philanthropic Hours		_____

Fundraising

Food Prep - Reg. mtgs.	_____	
Spring Event	_____	
Grants	_____	
Holiday Luncheon	_____	
Hunt Golf	_____	
OSB Mailer	_____	
Other	_____	
Total Fundraising Hours		_____

TOTAL VOLUNTEER HOURS _____

Non Member Hours _____

Bring this form to regular meetings or mail to:

Nancy Farris

14062 Quarter Horse Ct. Carmel, IN 46032