



# Forever Bloom Volunteer Hours Record Form



**Volunteer Name:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

In order to gain final approval from the FBA Leadership Committee for hours completed the volunteer must obtain at the end of each day of service an adult supervisor's (21 years or older) signature verifying completion of service. Submit this completed form to the FBALC once the project has ended. Volunteers may also submit a copy of an official signed letter indicating hours in addition to or in lieu of this form.

Date	Service Location	Description of Service	Start Time	End Time	Total Hours	Supervisor Signature
/			:	:		
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<b>Total Number of Hours Completed</b>						

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

Volunteer Signature: \_\_\_\_\_

FBALC Approval: \_\_\_\_\_

FBALC Verification Email: \_\_\_\_\_