

# VADA - CHARLOTTESVILLE CHAPTER VOLUNTEER HOURS FORM

Name: \_\_\_\_\_ \*

Volunteer Activity: \_\_\_\_\_ \*

Number of Hours: \_\_\_\_\_ \*

Date Performed: \_\_\_\_\_ \*

Approval Signature: \_\_\_\_\_ \*

Date: \_\_\_\_\_ \*

Please indicate whether hours are for (can split hours between these two choices):

End of year awards credit: No. of Hours \_\_\_\_\_

Scholarship Volunteer Requirement: No. of Hours \_\_\_\_\_