



## **NON-PROFIT VOLUNTEER HOUR REPORTING FORM**

**Hours worked must be in service to a VERIFIABLE non-profit organization.  
Complete ALL fields. Please write neatly.**

Volunteer Date: \_\_\_\_\_

Apprentice Name: \_\_\_\_\_

Apprentice Year: \_\_\_\_\_

Name of Organization/Agency: \_\_\_\_\_

Address of Organization/Agency: \_\_\_\_\_

Phone number of Organization/Agency: \_\_\_\_\_

Website of Organization/Agency: \_\_\_\_\_

Email of Organization/Agency Contract: \_\_\_\_\_

Brief description of service performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of volunteer hours worked: \_\_\_\_\_

**Printed Name** of Volunteer Coordinator/Agent: \_\_\_\_\_

Signature of Volunteer Coordinator/Agent: \_\_\_\_\_

**Make-up time will be verified before credit is issued. Incomplete or  
Unreadable forms may increase the verification time.**

### **What can't be used for make-up time:**

- \*Code of Excellence or COMET classes*
- \*Donating blood other than at the JATC blood drive*
- \*Fostering an animal, etc. at your home*

**IF IN DOUBT, CALL THE OFFICE BEFORE YOU VOLUNTEER**