

MISSOURI ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION

NAME: _____

Individual Volunteer Hours

Form for each member to keep monthly

MONTH	Church	Literacy	Special Projects	FCE	Environment	School	Nursing Home Hospital	Family Life	4-H	Other	Mileage
JANUARY											
FEBRUARY											
MARCH											
APRIL											
MAY											
JUNE											
JULY											
AUGUST											
SEPTEMBER											
OCTOBER											
NOVEMBER											
DECEMBER											
Year Total											

Mail to:

Mary Martens
 1193 Highway 13
 Richmond, MO 64085

Due March 15