

USEA AREA VI YOUNG RIDER VOLUNTEER HOURS REPORT



YOUR NAME: _____

YOUR PHONE: _____ Email: _____

VOLUNTEER JOB: _____

NAME OF EVENT/ACTIVITY: _____

DATE OF WORK: _____ HOURS WORKED: _____

SIGNATURE: _____ TITLE: _____
Of Volunteer Coordinator, Show Secretary, Etc.

Email a PDF copy or fax this form to:

Caroline McNally
mcnallyca@yahoo.com
Fax: (650) 579-7135

Return this form within two (2) weeks of your volunteer work to receive credit!