



USEA - AREA VI
YOUNG RIDER VOLUNTEER HOURS REPORT

YOUR NAME: _____

YOUR PHONE: _____ EMAIL: _____

VOLUNTEER JOB: _____

NAME OF EVENT/ACTIVITY: _____

DATE WORK PERFORMED: _____ HOURS WORKED: _____

SIGNATURE: _____ TITLE: _____
(Volunteer Coord, Show Sec., etc)

MAIL, FAX or SCAN/EMAIL THIS FORM TO:

Kim Littlehale
20040 Orchard Meadow Drive
Saratoga, CA 95070
408-741-1835 (fax)
ktlit@yahoo.com

PLEASE RETURN THIS FORM WITHIN 2 WEEKS OF VOLUNTEER WORK TO RECEIVE CREDIT TOWARD YOUR 8 HOUR YR VOLUNTEER REQUIREMENT.

REMEMBER, IF YOU ARE GETTING YR CREDIT FOR YOUR WORK YOU ARE NOT TO RECEIVE ANY OTHER PAYMENT (SCHOOLING CERTS, ETC.)

THANK YOU!