Volunteer Hours Form- GROUP **Group Leader(s):**_____

Activity Date:	**Activity Name:** **For class?** Y or N **If "Yes," these hours will NOT count toward your 100 hours.*

If this is a "one-time" group project, you can write the time here.

Start time:	**End time:**	**Total hours:**

Please answer these questions: 1) What did you do? Please give many details. **2) What did you learn?**

Group Leaders: Did you or another leader lead **"reflection?" Y or N**

*******Students: Do NOT write here ☺ *******					
Category: Class CS JACE Campus Self	**Emphasis:** CS Other Committee	**Semester:** SP SU FA	**Department:** Academic Student	**Advisor:**	**DB**

Volunteers' Names	**Volunteers' Dates**	**Volunteers' Hours**

Page 2—Additional Volunteers

Volunteers' Names	Volunteers' Dates	Volunteers' Hours