



VOLUNTEER HOME HOURS REPORTING FORM

Please record all hours of work performed to benefit your Circle and the hospital.
Please submit to KD office monthly

Circle Name: _____

Submitted by: _____

Month/Year Hours were Performed: _____

FULL NAME (PLEASE PRINT CLEARLY)

HOURS

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Mail to: The King's Daughters Office, 2nd floor *601 Children's Lane*Norfolk, VA 23507 *
or Fax to 757.668.8907 or Email to info@kingsdaughters.org