



VOLUNTEER HOME HOURS REPORTING FORM

Please record all hours of work performed to benefit your Circle and CHKD.

If you volunteer through CHKD's Volunteer Services Dept, those hours should NOT be listed below. Please submit form to KD office monthly for your Circle.

Circle Name: _____

Submitted by: _____

Month/Year Hours were Performed: _____

FULL NAME (PLEASE PRINT CLEARLY)	HOURS
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Submit Completed Form to:

The King's Daughters office | 601 Children's Lane 2nd floor | Norfolk VA 23507 | tel:757-668-7098
fax:757-668-8907 | email: info@kingsdaughters.org