

ECRTA Volunteer Hours

Name _____ Year _____

Each month, tally the number of volunteer hours in two categories: Youth or Children/All Others. By November 30, please send me your total in each category and a grand total. Estimate your hours for December. Please include the different things you do to volunteer on the back of this page. Thank you, Lenette Burckhart

Month	Youth	Other	Total
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Grand Total			

klburckhart@gmail.com

574-535-3237

Lenette Burckhart
10388 N Grove Road
Milford, IN 46542

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