To All Park Stewards and Volunteers:

Please fill out this form completely and turn it in to the Mount Vernon Parks and Enrichment Services Office by the end of each month. This will be used to not only track your total volunteer hours, but to also recognize the great work that you do.

Voluntee	r Name (pri	nt):			
Month: _			Year:		
Date	Time Started	Time Ended	Project Desc	ription	Total Hrs. Worked
			Tota	al Hours Worked:	
			ark staff? (Please list location of may be needed.)	any unwieldy or heavy	items that may
Additiona	al Comment	s:			
Voluntee	r Signature			Date	
Email				Phone	