



VOLUNTEER HOURS

Please use this form to keep track of your hours. These will be used to report volunteer hours on grants and other Celtic Heritage Alliance reporting needs.

Name of Volunteer: _____

| Date | Start Time | End Time | Total Hours | Your Role | Volunteer Activity (Describe in Detail) |
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I verify that the information provided is true and correct to the best of my knowledge and belief.

Signature

Date

Verified by CHA: _____

Entered: _____

Celtic Heritage Alliance - PO Box 504 - Newport, OR 97365 - newportcelticfestival.com
volunteer@newportcelticfestival.com

