

**Lewis and Clark Trail Heritage
Foundation, Inc.
Volunteer Hours Reporting
Form Fiscal Year _____**



Name:	Chapter:
Address:	City, State, Zip:
Telephone:	Email:

Number of Hours	Description	Total for Month
	Interpretation/Education	
	Resource Management	
	Administration	
		October Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		November Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		December Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		January Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		February Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		March Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		April Total:
	Interpretation/Education	
	Resource Management	
	Administration	

		May Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		June Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		July Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		August Total:
	Interpretation/Education	
	Resource Management	
	Administration	
		September Total:
Interpretation/Education Total for Year		
Resource Management Total for Year		
Administration Total for Year		
Grand Total of all hours for Year		

Signature of person reporting _____

Printed name _____

Date of report _____