CERTIFIED VOLUNTEER UNITS

Personal CVU Log

Name ______________________________ **County:** ______________

Address _____________________________________**Phone:**___________

City ___________________________ **State** _____ **Zip** ____________

* *

Please check the guidelines when reporting volunteer hours
to make sure you report them correctly.

Date of Vol. Activity	Type of Volunteer Activity	Hrs. of Vol. Time	# of People Reached

~ DO NOT TURN THIS SHEET IN ~

Keep this copy for your file; transfer total hours to the “CVU Volunteer Service Summary.”