VOLUNTEER CENTER OF BERGEN COUNTY, INC.

64 Passaic Street
Hackensack, NJ 07601
Phone: 201-489-9454
Fax: 201-489-1995
www.bergenvolunteers.org

Community Service Hours Tracking Form

If you require verification of volunteer hours, please bring this form with you, obtain the Volunteer Coordinator's signature after each project is finished, and keep track of you hours. We cannot replace this form if it is lost or misplaced. After you have completed your required amount of hours, hand the signed sheet into your parole officer.

Volunteer Name: _____ DOB: ___/___/_____

Phone: _____ Email: _____

Address: _____

Date	Volunteer Job Name	IN	OUT	Total Hours	Coordinator's Printed Name & Phone Number	Signature

Total Hours _____