JUNIOR AMVETS
VOLUNTEER NAMES SHEET

(Circle one)

DATE:_____

Americanism Hospital Child Welfare Community Service SOS

Name of Volunteers	**Volunteer Hours**
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____
7._____	_____
8._____	_____
9._____	_____
10._____	_____
11._____	_____
12._____	_____
13._____	_____
14._____	_____
15._____	_____
16._____	_____
17._____	_____
18._____	_____
19._____	_____
20._____	_____

TOTAL VOLUNTEER HOURS: _____

SEND TO NATIONAL w/ Service Report