CERTIFIED VOLUNTEER UNITS

Personal CVU Log

Name _____ **County:** _____
Address _____**Phone:**_____
City _____ **State** _____ **Zip** _____

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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.”