



VOLUNTEER HOURS - TRACKING FORM

Name: _____

Swimmers Name/ Team: _____

Volunteer Event/ Activity: _____

Date(s) Volunteered:

_____ # Hours ____ Approver Initials ____

_____ # Hours ____ Approver Initials ____

_____ # Hours ____ Approver Initials ____

_____ # Hours ____ Approver Initials ____

I confirm that the hours listed above are accurate and were completed in full.

Signature _____

Verification by Event Supervisor or LSC Executive Member

Signature _____

Name _____

Date _____

(Please submit this form to Volunteer Coordinator to have hours recorded. Thank you!)