CITY OF MERCER ISLAND
PARKS & RECREATION

VOLUNTEER ACTIVITY HOURS REPORT
(Due the last day of each month)

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

VOLUNTEER NAME _____ **MONTH & YEAR** _____

PROJECT LOCATION _____ **STAFF CONTACT** _____

DATE	ACTIVITIES	START TIME	END TIME
TOTAL HOURS			

VOLUNTEER'S SIGNATURE _____

DATE & PLACE _____