Fall 2021 Volunteer Hours

Name:________________________________________________________________________

Email:________________________________________________________________________

What club are you submitting these hours for?
______________________________________________________________________________

Did your club put on an event or do volunteering?

☐ Performed Event

☐ Volunteered for SAB/SGA or other non-profits

If you performed an event, how many people not in your club attended?____________________

If you performed an event, how many members of your club were required to run the event and how long did the event run?
______________________________________________________________________________

If you volunteered, who did you volunteer for and give a 1 sentence descriptor of the event? (E.g. SAB for 49ers, Boys and Girls Ranch, etc.)
______________________________________________________________________________
______________________________________________________________________________

If you volunteered, how many members of your club were there and how long did you volunteer?
______________________________________________________________________________

If you have any comments, questions, or suggestions for the SGA as a whole or specific parts, please leave them below.
______________________________________________________________________________
______________________________________________________________________________
Signature of Event Head

Submit Volunteer Hours Form to the Vice President