



VOLUNTEER LOG

Volunteer Name: _____

Department _____

Month/Year: _____ **Total Time for Month** _____

Date	Time (Hrs.)	Activities

Comments:

 Volunteer Signature

 Date

Please return to Volunteer Coordinator at the end of each month. Either fax to (904) 209-3654, mail to Volunteer Coordinator, St. Johns County Council on Aging, 180 Marine St., St. Augustine, FL 32084, or e-mail to: aeach@stjohnscoa.com. Thank you.