



Volunteer Hours Yearly Summary Form

*All volunteer yearly hours run May 1 through May 1

Last Name _____ First Name _____
Years of Membership _____

Volunteer hours for the L.O.L.I International Old Lacers, INC.

Total Hours Completed for year _____

Brief Description of service provided:

Your Signature

Date

L.A.C.E. President Signature

Date

By signing this form I verify that I have completed the volunteer hours as stated.