ROANOKE BAR ASSOCIATION

Volunteer Service Tracking Form

Full Name: _____ Telephone: _____

Street Address: _____ Facsimile: _____

City/State/Zip: _____

Date(s)	Service Activity	Service Category*	Place of Service	Hours

*Service Categories

1. Advocacy and Human Rights
2. Americorps
3. Animals
4. Arts and Culture
5. Capacity Building
6. Children and Youth
7. Citizen Corps
8. Communities
9. Computers and Technology
10. Crisis Support
11. Disabilities
12. Education and Literacy
13. Emergency and Safety
14. Employment
15. Environment
16. Fundraising
17. Health and Medicine
18. Homeless and Housing
19. Hunger
20. Immigrants and Refugees
21. International
22. Justice and Legal
23. Military Service
24. Other
25. Peace Corps
26. Pace and Ethnicity
27. Religion
28. Select Service Area
29. Senior Corps
30. Seniors
31. Sports and Recreation
32. Women

I am submitting _____ total hours and certify that the above information is accurate.

_____ _____

Signature Date

Use the additional space below if necessary:

Date(s)	Service Activity	Service Category*	Place of Service	Hours	Verifyer's Signature (Optional