

**4-H VOLUNTEER COMPLETION FORM**

**PLEASE COMPLETE AND RETURN THIS FORM TO THE 4-H OFFICE BY OCTOBER 14, 2021.**

I hereby certify that the following volunteers have served my club this year (10/01 – 9/30) as an organizational, assistant, or project leader and/or a general volunteer and are eligible to receive a Certificate of Community Service. **ALL LEADERS MUST HAVE A COMPLETED ENROLLMENT FORM ON FILE IN THE 4-H OFFICE. PLEASE PROVIDE ESTIMATED HOURS OF SERVICE FOR THE YEAR FOR EACH VOLUNTEER. THANK YOU!**

**CLUB NAME:** \_\_\_\_\_

Club Leader: \_\_\_\_\_

# of Hours: \_\_\_\_\_ # of Years: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leader/Volunteer: \_\_\_\_\_

# of Hours: \_\_\_\_\_ # of Years: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leader/Volunteer: \_\_\_\_\_

# of Hours: \_\_\_\_\_ # of Years: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leader/Volunteer: \_\_\_\_\_

# of Hours: \_\_\_\_\_ # of Years: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leader/Volunteer: \_\_\_\_\_

# of Hours: \_\_\_\_\_ # of Years: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leader/Volunteer: \_\_\_\_\_

# of Hours: \_\_\_\_\_ # of Years: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_