

VOLUNTEER SERVICE REGISTRY

2014

Member name _____ State _____

(only for use to determine % of membership participation)

Service(s) provided or program(s) in which you participated between
January 1, 2014 and December 31, 2014

Total value of services or hours served: \$ _____

(please round to nearest \$100)

I affirm that the above service(s) was/were provided voluntarily by me as a donated service without any compensation. It is my understanding that the reported services and value of those services or hours served may be used in a summary data report to the SSOMS, or appropriate state and national associations and possibly the media, and that no personal data on individual members will be included in any such report.

(Signature)

(Date)

Please fax information to 770.271.0634 or email to

Leslie Boulter at lboulter@pami.org