



Date Entered: _____
Initials: _____

Group Volunteer Record + Donation Form

Group Name/Organization: _____ Date _____

Name (Printed): _____ Phone Number: _____

Email: _____ Address _____

Classroom/Location: _____

Type of Volunteer:

- Community Volunteer Agency/Business Health ECCP

Type of volunteering performed:

- Classroom Activity/Office work Interpreter/Trainer Other: _____
 Medical Services Maintenance

Purpose: _____

What did they do?

Rate (if not standard volunteer rate): \$ _____ **Per Unit:** Hour Exam or Other: _____
(a)

Total # Volunteers: _____ **Total Units:** _____ **Total In-Kind Value:** _____
(b) (c) (a) x (b) x (c)

Please make sure to record your time using quarter increments

(For example 15 minutes = .25 30 minutes = .5 45 minutes = .75 1 hour=1.0)

Donation Form:

Description of items donated (please provide a brief itemized description of the donated goods):

Estimated Fair Market Value (as given by donor): \$ _____

Thank you for your donation to Utah Community Action. Please make a copy of this document to serve as receipt for your records. For more information please email korie.simpson@utahca.org.

Group/Donor Signature: _____ Date _____

UCA Staff Name (Printed): _____ Date _____

UCA Staff Signature: _____ Date _____

PLEASE COMPLETE BOTH SIDES

Please have each group member print their name in a space below:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
23.	24.
25.	26.
27.	28.
29.	30.
31.	32.
33.	34.
35.	36.
37.	38.
39.	40.
41.	42.
43.	44.
45.	46.
47.	48.
49.	50.