

MI-SHO Volunteer Reporting Form

Rider information:

Rider _____ MI-SHO # _____
Address _____
City _____ State _____ Zip _____
Email _____ Telephone _____

Not-For-Profit Organization information

Name _____
Location _____
Telephone _____

Manager _____

Volunteer work accomplished

Date _____
Number of hours worked _____

Work Done _____

Manager's Signature _____

Member's Signature _____

Use of this form is not mandatory but is appreciated. You may use a blank sheet of paper but make sure all information requested above is provided.

For Office Use only: Received _____