

# 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 \_\_\_\_\_

Please send form to MISHO, 4734 Drda Ln., Edwardsville, IL 62025

For Office Use only: Received \_\_\_\_\_