



Land and Water Conservation Fund Program
GROUP Volunteer Hours Log

Date of Work	Volunteer Full Name	Short Description of Work Performed	Number of Hours Worked	Value (Hours x \$20/hr)	Volunteer Signature and Date
Total from this Form:					

Name of Organization Holding LWCF Award: _____ LWCF Award Year: _____

LWCF Contact Name: _____ Contact Signature and Date: _____

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.



Land and Water Conservation Fund Program
Individual Volunteer Hours

A designee (contact) from the organization holding the LWCF award must provide his/her signature/date as concurrence. Typed signatures are not acceptable. **All fields must be completed for the hours to be eligible as LWCF match.**

Volunteer Name: _____ **Volunteer Signature and Date:** _____

Date of Work	Hours Worked	Work Performed
Total Hours Worked from this Log:		Total Amount Claimed as Match (Total Hours Worked x \$20/Hour):

Name of Organization Holding LWCF Award: _____ **LWCF Award Year:** _____

LWCF Contact Name: _____ **Contact Signature and Date:** _____

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.
 A designee (contact) from the organization holding the LWCF award must provide his/her signature/date as concurrence. Typed signatures are not acceptable.
All fields must be completed for the hours to be eligible as LWCF match.