



MTSGP Program
GROUP Volunteer Hours Log

Date of Work	Volunteer Full Name	Short Description of Work Performed	Number of Hours Worked	Value (Hours x \$25/hr)	Volunteer Signature and Date
Total from this Form:					

Name of Organization Holding MTS GP Award: _____ **MTSGP Award Year:** _____

MTSGP 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 MTS GP 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 MTS GP match.**

