



**Recreational Trails 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 RTP Award: _____ RTP Award Year: _____

RTP 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.



**Recreational Trails Program
Individual Volunteer Hours**

A designee (contact) from the organization holding the RTP 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 RTP match.

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

Date of Work	Hours Worked	Work Performed (e.g. Restoration and maintenance on Trail 388)		
Total Hours Worked from this Log:			Total Amount Claimed as Match (Total Hours Worked x \$25/Hour):	

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

RTP 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 RTP 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 RTP match.