Record of Volunteering Form

Volunteer's name: _____

Host Organisation(s): _____

Host Contact(s): _____ **Phone:** _____

Which scheme are you counting hours for? ☐ Youth VIP (under 25) 25+V (over 25) ☐

Volunteer's activities	Date	Hours completed	Running Total

Volunteer's signature: _____ Date: _____

Host Organiser's signature(s): _____ Date: _____

N.B. If you have more than one volunteering placement, please use this sheet to record all the hours. Thank you.

Please return your signed and completed forms once you have reached 10, 25, 50, 100 and at every subsequent 100 volunteering hours to: PAVS Volunteering Pembrokeshire,
36-38 High Street, Haverfordwest, Pembrokeshire SA61 2DA, tel: 01437 769422,
email: volunteering@pavs.org.uk