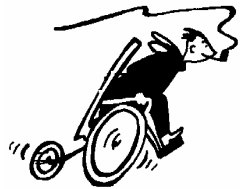


**ARIZONA CHAPTER  
PARALYZED VETERANS OF AMERICA**

\_\_\_\_\_/\_\_\_\_\_  
Month / Year

DATE	PROGRAM NUMBER	PURPOSE	HOURS	MILES	PAID \$.325/mile
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
Total (from this side)					



\_\_\_\_\_/\_\_\_\_\_  
Volunteer Name                      I.D. Number

Volunteer hours are due by the 12<sup>th</sup> of the month following the month in which they are completed.

Programs	
1. Service	7. Attendant Program
2. Advocacy, Housing, Design, Employment	8. Sports
3. Research	9. Fundraising
4. Administration, Secretarial	10. Membership
5. Legislation	11. Other (i.e. Board Meeting, Outreach, Prosthetics etc.)
6. Hospital Liaison	12. Executive Committee

**ARIZONA CHAPTER  
PARALYZED VETERANS OF AMERICA**

\_\_\_\_\_/\_\_\_\_\_  
Month / Year

DATE	PROGRAM NUMBER	PURPOSE	HOURS	MILES	PAID \$.325/mile
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
0					
31					
Totals (this side)					
Totals from front side					
Final Total					

Programs	
1. Service	7. Attendant Program
2. Advocacy, Housing, Design, Employment	8. Sports
3. Research	9. Fundraising
4. Administration, Secretarial	10. Membership
5. Legislation	11. Other (i.e. Board Meeting, Outreach, Prosthetics etc.)
6. Hospital Liaison	12. Executive Committee

_____ For Office Use Only	
Approved By _____	Title _____
Program Number(s) _____	Volunteer Representative _____ (Revised 09/00)