

# HENDERSON HALL VOLUNTEER MANAGEMENT PROGRAM

## Volunteer Hours Form



1555 Southgate Road  
Bldg 12, Office 113  
Arlington, VA 22214

I, \_\_\_\_\_, certify that I have performed off-duty volunteer work as noted below.

Name/Rank of Volunteer: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Location of Volunteer Work: \_\_\_\_\_

Date(s) of Volunteer Work: \_\_\_\_\_

Total Hours of Volunteer Work: \_\_\_\_\_

Brief Description of Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Organization Accepting Official Signature

\_\_\_\_\_  
Date

PER REQUEST FORM YOU UNDERSTAND THAT YOUR ORGANIZATION IS RESPONSIBLE FOR ALL RISK ASSESSMENT, TRAINING, AND PROPER SUPERVISION, WRITTEN VOLUNTEER ASSIGNMENTS, DEVELOPMENT OF EACH VOLUNTEER POSITION, DUTIES, TIME COMMITMENT, REPORTING OF HOURS.

---

Please return the completed form to the Volunteer Program Coordinator, in person (1555 Southgate Road, Bldg 12, Office 113, Arlington, VA, 22214) or email to [MCFTBHH@usmc-mccs.org](mailto:MCFTBHH@usmc-mccs.org).