

PCOTC VOLUNTEER REPORTING FORM

Your Name _____ volunteered _____ hours
on date(s) _____ for PCOTC doing the following work:

Signed _____ Hours to be credited to _____
(your signature) (PRINT Name)

Sponsor _____ Signature _____
PCOTC member in charge (please PRINT) Sponsor's signature

Send to:

Angela Kalmanash, 1 Windward Lane, Stamford, CT 06903

This form may be duplicated

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