STEPS VOLUNTEER TIME LOG

NAME: _____ Month of: _____

DATE	EVENT/ACTIVITY DESCRIPTION	LOCATION	ROUNDTRIP MILEAGE	YOUR HOURS	If a COMMITTEE LEADER or STEPS ORGANIZER of an event, indicate the event's hours and # in Attendance -OR- attach copy of attendance sheet		
					# of Hours for event	# OF Youth Members	# OF Adult members

Please return this form to: STEPS, 93 Main Street, Southington, CT 06489