ALBERTA FAMILY HISTORIES SOCIETY

Completion of this form will better able the Society to plan its volunteer needs and provide substantiation for figures given in grant applications

NAME:_____ Volunteer hours for the month of _____200__

LIBRARY		PUBLICATIONS		PROJECTS	
ADMINISTRATION		MEMBERSHIP		PROGRAMS/EDUCATION	
PUBLIC RELATIONS		FAMILY ROOTS		DISPLAYS	

Please tick appropriate activity box above

Task codes:

D = Data collection, checking and entry

P = Producing materials

C = Correspondence and E-mail

M= Meetings and face to face help

T= Telephone calls

Date	Code	Time Spent (Hr)	Details

Please submit monthly forms to your committee head or Bev Swan