



Northern Valley Coalition Volunteer Hours Form

Name: _____

Contact Information: _____

Name of Person or Organization:

Contact Information: _____

Activity: _____

Dates: _____

Hours: _____

Signature of Responsible Person*: _____

*Signature certifies that the volunteer hours were completed and no payment was received for these hours.

Form to be returned by volunteer to nvcoalition@gmail.com or
Melissa Driscoll 3 Deer Trail Old Tappan, NJ 07675