



Volunteer Meeting Hours

Name _____ Date _____

Meeting attending (board, committee) _____

Meeting start time _____ Meeting end time _____

Travel time (to and from meeting) _____ Total Time _____

During the past month I have also represented CAASTLC at the following community meetings or during discussion with one or more individuals:

Name of meeting or group _____ Date _____

Contact Person _____

Time spent representing CAASTLC (# of minutes) _____

Information presented (general or specific program) _____

of people present _____ Follow up needed _____ Yes _____ No

List specific follow up that is needed:

Advocacy Contacts:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Signature