

CTVA WORK LOG

Volunteer Names (list all):

Date: _____

Start Time: _____

Stop Time: _____

Total Miles Driven to Trail (both ways): _____

Total Miles Driven on Trail: _____

Trail # or Name or Area:

Work Performed:

Equipment Used (ATV, chainsaw, shovel, axe, Pulaski, etc):

Total Hours Worked (number of volunteer's times hours each, include trail travel time):

Signature

Please turn in completed form at the next meeting (4th Tuesday at 7 p.m. at the American Legion) **or mail to** CTVA, P.O. Box 5295, Helena, MT 59604 **or email to** ctva_action@q.com

THANK YOU!

10/24/2012