Make-A-Wish
MISSOURI & KANSAS

Volunteer Service Hours Log

Volunteer Name: _____ **Volunteer Partner:** _____

Volunteer Address: _____ **Volunteer Phone:** _____

_____ **Volunteer Email:** _____

Wish Child Name: _____

Wish Choice: _____

Service Hours Log:

Date of Visit: *(mm/dd/yy)*	**Type of Visit:** *(Home, Phone, Email)*	**Duration of Visit:** *(Specify Hours/Minutes)*