



USEA - AREA VI
YOUNG RIDER VOLUNTEER HOURS REPORT

YOUR NAME: _____

YOUR PHONE: _____ EMAIL: _____

VOLUNTEER JOB: _____

NAME OF EVENT/ACTIVITY: _____

DATE WORK PERFORMED: _____ HOURS WORKED: _____

SIGNATURE: _____ TITLE: _____
(Volunteer Coord, Show Sec., etc)

SCAN/EMAIL or MAIL THIS FORM TO:

Lisa Hendricks
20300 Scotts Flat Road
Nevada City, CA 95959

Ljhendricks56@gmail.com

PLEASE RETURN THIS FORM WITHIN 2 WEEKS OF VOLUNTEER WORK TO RECEIVE CREDIT TOWARD YOUR 10 HOUR YR VOLUNTEER REQUIREMENT.

REMEMBER, IF YOU ARE GETTING YR CREDIT FOR YOUR WORK YOU ARE NOT TO RECEIVE ANY OTHER PAYMENT (SCHOOLING CERTS, ETC.)

THANK YOU!