

# Triangle Figure Skating Club of North Carolina Volunteer Tracking FORM

Name of Committee Chair Person or Board Member Handling  
Event \_\_\_\_\_

Volunteer Name \_\_\_\_\_

Date of Volunteer Event \_\_\_\_\_

Total hours (round to 1/2 hour) \_\_\_\_\_

Description of Volunteer Job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Email: \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZED BY:**

\_\_\_\_\_

Committee Chair, TFSCNC President or TFSCNC Executive Board Officer

Date \_\_\_\_\_

Note: Make a copy of approved form for your records if form not submitted at the volunteer event. Authorizer will keep a copy for TFSCNC Club Records.