LCFSC Volunteer Activity Record



Volunteer Name:	Skater:		
Phone:	Email:		
Volunteer Activity Year is October 1 st	through September 30 th		

Event	dof	Date Worked	# of Hours	Verified By: Board Member Initials & Date

Volunteer Signature:_____ Date:_____ Date:_____

(Examples of volunteering are: ice monitor at LCFSC club competitions, working in locker rooms at ice show, scheduled cleaning of locker rooms, etc; activities which provide benefit to LCFSC. Attending a meeting as a spectator does not qualify as volunteer time). If you are not sure if your activity qualifies for volunteer hours, ask the Board for assistance.

All hours must be Board requested and approved. Coach approval is not sufficient.

All hours for each activity must be acknowledged by Board member signature within 15 days of the activity/hours completed to be accepted.

All volunteer hours must be completed prior to the program deadline or NWP Regionals, whichever is sooner to qualify for the program.