HOST
Home Ownership
a Street at a Time

COMMUNITY VOLUNTEER LOG

Name _____

Address _____

_____

Phone _____

Please record all community service hours below and return the yellow copy(s) to HOST at the end of each year. Please pro-rate your hours for the year you move in. Envelopes are provided for your convenience.
THANK YOU FOR GIVING BACK TO YOUR COMMUNITY!

Organization/Location	Description of Service	Date	# of Hours