North Country Trail Association Individual Volunteer Hours Log

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please fill out separate forms and submit totals according to the calendar quarter: (Jan-Mar) (Apr-Jun) (Jul-Sept) (Oct-Dec)
(Circle quarter above)

YEAR: _____

Activity		Hours							
		Category							Total
Date	Work Description and/or Location	Admin	Gen Resou	Nat Resou	Cul Resou	Interp	Maint	Train	
	Totals								

DEADLINES: Deadline for VIP awards (for individual cumulative hours): **APRIL 15th** ● Deadline for NPS Annual Report (fiscal year total Oct 1-Sept 30): **OCT 15th**

Mail Completed Form To: NCTA ● 229 E. Main Street ● Lowell, MI 49331