OREGON EAGLE VOLUNTEER REPORT

INDIVIDUAL

NAME: _____

AERIE/AUXILIARY: Sutherlin 3508

DATE	FUNCTION	HOURS	MILES	$DONATION
TOTALS	**Please total above columns:**			

Function needs to be as specific as possible for example: driving a neighbor to the doctor, preparing/serving food/beverages at the Eagles, cleaning the office, filing, selling tickets, etc. Helping a family member is not applicable. If you are not sure of the cash value of the donation please leave it blank. Note: Officer related duties are not applicable.

NAME: _____

AERIE/AUXILIARY: Sutherlin 3508

DATE	FUNCTION	HOURS	MILES	$DONATION
TOTALS	**Please total above columns:**			