

CENTRE COUNTY PAWS COMMUNITY SERVICE OR COURSE REQUIREMENT TRACKING FORM



Name _____

of Hours Needed _____ Hours must be completed by _____

You are responsible to bring this form with you to each time you volunteer in order to record your volunteer hours. The PAWS Representative is the Shelter Supervisor or the Volunteer overseeing the shift you are working on.

Date	# of Hours	Signature of PAWS Representative