

Master Wellness Volunteer Monthly Report
Please submit by the 30th of each month

Name _____ Month _____ Total number of hours logged _____

Description of Activity If available, please include location, zip code, audience, and length of presentation	Number of Hours Logged	Number of Contacts If possible, provide demographic breakdown	Other Comments Specify any Extension resources or exhibits that were used
		Total Number of Contacts _____ Female _____ Youth _____ White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Cannot be determined _____	
		Total Number of Contacts _____ Female _____ Youth _____ White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Cannot be determined _____	
		Total Number of Contacts _____ Female _____ Youth _____ White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Cannot be determined _____	
		Total Number of Contacts _____ Female _____ Youth _____ White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Cannot be determined _____	