Rouge Education Project Volunteer Participation Tracking Form

RETURN BY FAX OR MAIL TO

Fax: (313) 593-0231 Address: Friends of the Rouge, UMD, 4901 Evergreen Road, 220 ASC, Dearborn, MI 48128

Your Name:_____ **SWS(office use only):**_____

Company/Organization/University: _____

Address: _____

Street **City** **State** **Zip**

Telephone Number: _____ **E-mail:** _____

School Name: _____

Date mm/dd/yy	Task	Total Time Spent Please use quarter hours (example: 1 hour 45 min=1.75)
	TOTAL:	

Volunteer Signature (REQUIRED):_____