

JOVA

Iowa SVAA Volunteer Record

Name: _____ Month of: _____

Date	Volunteer Service Performed	Service Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Please sign and turn in to the Amy Johnson, Project Director, via mail at: 220 N. Washington, Mason City, IA 50401, via fax at: (641) 421-3136 or via e-mail at: aritzma@co.cerro-gordo.ia.us by the 3rd of the month following any volunteer service for the group. Thank you.

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