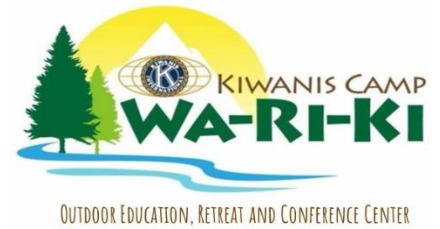


Volunteer Service Log

Kiwanis Camp Wa-Ri-Ki



Volunteer Name: _____

Phone: _____ Email: _____

Activity Description	Date(s)	Hours	Notes

Total Hours: _____

Please return this form to ONE of the following options: info@campwariki.com; mail to Kiwanis Camp Wa-Ri-Ki, P.O. Box 18, Washougal WA 98671; leave form at camp with our Camp Host or submit your hours through our online form <https://campwariki.com/volunteer-service-log/>

Thank you for your service!