



**Recreational Trails Program
GROUP Volunteer Hours Log**

Date of Work	Volunteer Full Name	Short Description of Work Performed	Number of Hours Worked	Value (Hours x \$20/hr)	Volunteer Signature
Total from this Form:					

Organization Name: _____ **RTP Award Year:** _____

RTP Contact Name: _____ **Contact Signature:** _____

The volunteer must provide his/her full name and signature to certify the information is correct. Typed signatures are not acceptable.
 A designee (contact) from the grantee organization must provide his/her signature as concurrence. Typed signatures are not acceptable.
 All fields must be completed for the hours to be eligible as RTP match.



**Recreational Trails Program
INDIVIDUAL Volunteer Hours Log**

Volunteer Name: _____ **Volunteer Signature:** _____

Date of Work	Hours Worked	Work Performed (e.g. Restoration and maintenance on Trail 388)		
Total Hours Worked from this Log:			Total Amount Claimed as Match (Total Hours Worked x \$20/Hour):	

Organization Name: _____ **RTP Award Year:** _____

RTP Contact Name: _____ **Contact Signature:** _____

The volunteer must provide his/her full name and signature to certify the information is correct. Typed signatures are not acceptable.
 A designee (contact) from the grantee organization must provide his/her signature as concurrence. Typed signatures are not acceptable.
 All fields must be completed for the hours to be eligible as RTP match.