



VOLUNTEER STATISTICAL RECORD PARTICIPANT ROSTER

LOCATION OF PROJECT: _____

PROJECT LEADER: Name: _____ Phone: _____

Date	Participant Name	Hours Worked		
		From	To	Total
Notes:				

Return completed list to: Terri Garrison
City of Gig Harbor
Public Works Department
3510 Grandview Street
Gig Harbor, WA 98335
Phone: (253) 853-7640 or email: garrisont@cityofgigharbor.net

c: Linda Gratzer