

KDA Volunteer Hours Submission Form

Member Name:	
KDA Event Volunteered:	
Date/s Volunteered:	Hours Volunteered:
KDA Member in charge of the event:	
Email for Member:	Phone:
Donated my volunteer hours to:	
All hours must be at KDA events and earned be of the competition year. Four hours must be e KDA Year End Awards and Grants. Voluntee member in charge of the e	arned by the member to be eligible for er hours will be approved by the KDA event listed above.
Allison Deaton at <u>allison</u>	deaton@me.com
or mail to	
Allison Dea 10206 Blue Cred Louisville, KY	ek Drive
KDA Member Signa	ture & Date

501(c)(3) non-profit organization