raise & give

MANCHESTER LEADERSHIP PROGRAMME

VOLUNTEERING HOURS FORM

PLEASE FILL IN THE FOLLOWING FORM AND RETURN IT TO THE MANCHESTER RAG OFFICE. DO NOT RETURN THIS FORM TO MLP

FULL NAME: _____

EMAIL: _____

STUDENT ID: ___ ___ ___ ___ ___ ___ ___ ___

EVENT TITLE: _____

DATE	START TIME	FINISH TIME	HOURS	SIGNED

WHAT DID YOU DO DURING YOUR VOLUNTEERING?

TO BE COMPLETED BY MANCHESTER RAG

I can confirm that the above person completed the hours stated

_____ _____ _____ _____

RAG CO-ORDINATOR **DATE** **MAIN EVENT ORGANISER** **DATE**