

**The Delta Kappa Gamma Society International
Alpha Iota State Project for 2013-2015
Supporting Our Educators**

VOLUNTEER HOURS (Individual member's report)

Name _____

Retired: Yes _____ No _____

Chapter _____

Date (month/year)	Hours	Teacher's Name / School / and District	How you helped

Please route this form to your chapter designee who will compile the information for your chapter. Thank you.

*Adapted from forms on the DKG Website, dkg.org