

**The Delta Kappa Gamma Society International
Supporting Early-career Educators**

VOLUNTEER HOURS 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