

Volunteer Service Receipt

volunieer / Farticipanis Name	
2	
Host Site	
3. Hours of Service ChurchSHARE Warehouse Host SiteBlock Watch YouthHealth SeniorsEmergency Food TransportCommunity SHARE Health Project Other	
4. I certify that the above named SHAF Participant has performedhours of volunteer service. Date:	
Staff Signature:	
Organization:	
5. Package Receipt]
Received \$	
ForSHARE Food Packages	
Pick Up At	
Date:Time: If you don't pick up your food, It will be given to others. NO Refunds!	



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