Volunteers Name:_____

**Please turn in your volunteer hours in one of the following ways:**

**Drop off at office or mail:** 31 E. Clay Ave. (United Way building)
Muskegon, MI 49442

**Fax:** 231.722.3137

**Email:** stanis@volunteerdental.org

| Organization | Phone No. | Contact | Address |
|---|---|---|---|
| Love INC | 231.861.5619 | Ann | 186 N. Michigan Ave in Shelby |
| Oceana Council on Aging | 231.873.4461 | Stephanie Moore | 621 East Main Street Hart |
| The Ladder Community Center | 231.259.0211 | Philip Santellan | 67 North State Street Shelby |

**Record of Volunteer Service Hours**

| Date | Name of Agency | # of Hours* | Supervisor Signature |
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Volunteers Signature: _____ Date: ____/_____/_____

**Office phone number: 231.773.1360**