Keene STATE COLLEGE Wisdom to make a difference.

KSC Alumni Association

Individual Volunteer Time/Activity Report

Name _____ Class year _____

e-mail/phone _____ dates _____ to_____

Date	Committee/ Summary of Activities	Total hrs (S/F*)	Comments/Questions

* Please note if your hours were at the college (on site – S) or in the field (F).

Please return by fax, e-mail or mail to:

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