LULAC Youth Educational Enrichment Series
Monthly Volunteering Log

Volunteer Name: _____ **Email:** _____ **Submitted On:** _____

Volunteer Activity (Check ALL That Apply): ☐ Mentor ☐ Webinar Facilitator ☐ Mock Interviewer

Program Coordinator Assigned: _____

Date & Time	Volunteer Activity	Total Minutes	Activity Description	Comments

Please log ALL volunteering activities performed with LULAC. By signing below I acknowledge that the information listed in the table below is accurate and complete to the best of my knowledge.

Signature: _____ **Date:** _____