

Grand Assembly of Massachusetts
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS
Susan A. Torrey, Supreme Inspector

INDIVIDUAL COMMUNITY SERVICE FORM

Instructions: Please use this form to record information about your individual volunteer work or community service hours performed. A letter from the person in charge/manager may be used in lieu of this form.

Name: _____ Date: _____

Assembly/No.: _____

Date of Service: _____ Total Hours of Service: _____

Reporting Manager/Person In Charge: _____

Type of Work: ☐ Hospital/Nursing Home ☐ Community ☐ Mentorship ☐ Other

Full Address: _____

Phone Number: _____ Email: _____

Explanation/Description of Service: _____

Manager Comments (if any): _____

Signature of Volunteer: _____

Manager Signature: _____

Job Title: _____