



Program Year

October 1, 2016 - September 30, 2017

### SNAP-Ed Volunteer

Please use one sheet per activity

Office Use Only
Initials: _____
Date: _____
SNAP-Ed hrs.
Approved: _____

County: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Type of Delivery Site (e.g. school, extension office, etc.): \_\_\_\_\_

Specific Name of Delivery site: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Session Type (circle one):      one session      2-4 sessions      5-9 sessions      10 + sessions

AUDIENCE	ages 0-4	ages 5-17	ages 18-59	ages 60+	total
Farmers Market					
Pre-School					
Family					
School Age					
Limited English					
Seniors					
				*	

**GENDER**

Total males	<input type="text"/>
Total females	<input type="text"/>
Total participants	<input type="text"/>

**RACE**

	non hispanic	hispanic	total
White			
Black			
Asian			
Am. Indian			
Hawaiian			
Other			
<b>Total</b>			*

\*THESE THREE TOTALS SHOULD MATCH