HURRICANE SANDY NEW JERSEY
VOLUNTEER HOURS

City/County _____ **Date of Report**_____

Group Contact_____ **Phone**_____ **E-mail** _____

SUMMARY

Please send updates weekly to ensure the most current information is available.

Please send forms to Cathy McCann at cmccann@cfbnj.org and Kristy.Ray@fema.dhs.gov

Please report ALL hours to date on the first report you submit.

DATE	GROUP NAME	Total # of volunteers	Total Hours	Brief Description of Work (clear debris, tarp roofs, provided shelter, casework, etc.)