



Zombie Squad - Volunteer Award Program

Name: (print) _____ **Year:** _____

ZS Membership # : _____

Charity: _____

Charity Address: _____

Charity Phone Number: (_____) _____

Total hours from ___/___/___ **to** ___/___/___ **:** _____

Note: This total should match the total on the attached timesheet.

Service(s) performed at the charity by volunteer:

Supervisor information to verify volunteer's hours:

Print Name

Signature

Supervisor's position/title at the charity:

Supervisor contact information (email, phone)

Fax, mail or email a scanned copy of this form and the attached completed time sheet to:

**Zombie Squad
P.O. BOX 63124
ST. LOUIS, MO. 63163**

**VOLUNTEER@ZOMBIEHUNTERS.ORG
Fax: 1-888-495-4052**

