Project Leader _____

Agency Contact Person _____

Year _____

Backcountry Horsemen of America

Volunteer Hours Report

[Enter Chapter Name]

Revised 2016

Project Location & Description

	Project Information			Work Hours			Work Miles		Community Service			Travel Time/Miles			Equipment		Stock Use		Donation
Volunteer Name or Individual Project Location	Activity Date	Agency Code	District	Basic Work	Skilled Work	Recon Work	Wilderness Miles	Other Miles	Education & LNT	Public Meeting	Admin Service	Travel Time	Vehicle Miles	Stock Hauling	Power Equip	Heavy Equip	Stock Used	Stock Days	Dollar Amount
Totals				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$ -

Agency Codes:

A. USFS
B. State DNR
C. State Parks & Hwys
D. National Parks
E. Education
F. Dept. Fish & Wildlife
G. Other
L. LNT
M. BLM
N. US Fish & Wildlife
O. US COE
R. Rendezvous
T. Timber, Private
W. County