



# Service Hours Volunteer Form

Dedicated to helping children in foster care feel valued and comforted

Date

My Very Own Blanket  
407 W. Main Street  
Westerville, Ohio 43081

<b>Blanket Angel Volunteer*</b>	
Full Name	
Address	
City, State, Zip	
Contact Phone	

\*Please attached a picture for reference.

Description of Service Completed	Hours

**How do you think your work will impact others?**

**How did this service opportunity impact you?**

<b>Name of Volunteer (print)</b>
<b>Signature of Volunteer (sign)</b>

<b>Name of MVOB Representative (print)</b>
<b>Signature of MVOB Representative (sign)</b>

If you have any questions please contact us at [info@myveryownblanket.org](mailto:info@myveryownblanket.org)

**Thank You!!** [www.myveryownblanket.org](http://www.myveryownblanket.org)

