



EVENT NAME	COUNTY
------------	--------

EVENT LOCATION	ACTIVITY SUPERVISOR SIGNATURE*	EVENT DATE
----------------	--------------------------------	------------

Please print clearly and sign:

#	PRINT NAME (readably, please)	TEL NUM or EMAIL	NATURE OF VOLUNTEER WORK	VOLUNTEER SIGNATURE**	HOURS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The non-professional volunteer hourly rate as of 7/1/11 is \$19.65

TOT HOURS

* **Activity Supervisor Signature** By my signature above I certify receipt of these volunteer services.

** **Volunteer Signature** By my signature above I certify that I served as a volunteer to this organization for the hours as noted above, was not compensated by this organization for my services, and am not a state employee engaging in this service as part of my employment.

NOTE Those NOT considered volunteers are Partnership staff and Direct Service Providers whose jobs are Partnership funded and are considered to be acting out of their job responsibility (except work outside of M-F 8-5p, i.e. Children's Fairs, etc.)