

**Timesheet for Individual Volunteer  
Region A Partnership for Children**

FY 2010-11



Name of Program: \_\_\_\_\_  
 Name of Volunteer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Service Provider: \_\_\_\_\_  
 Month/Year: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_

**Sufficient contact information must be provided for this to be a valid record of contribution: name, address and/or phone number. This information is strictly for the purpose of documentation and will otherwise be kept private. Thank you for the contribution of your time and effort to this activity!**

Volunteer Services					
Day of Month	VOLUNTEER HOURS	DESCRIPTION OF VOLUNTEER SERVICE	DATE	VOLUNTEER HOURS	DESCRIPTION OF VOLUNTEER SERVICE
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

<b>Total Hours:</b>	
<b>Hourly Rate:</b>	<b>\$18.88</b> <small>Non-professional volunteer hourly rate for 7/1/10 - 6/30/11</small>
<b>Total In-Kind:</b>	

\_\_\_\_\_ Date \_\_\_\_\_  
**Volunteer Signature** By my signature above I certify that I served as a volunteer to this organization for the hours as noted above, did not receive compensation for my services, and am not a state employee engaging in this service as part of my employment.

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

\_\_\_\_\_ Date \_\_\_\_\_  
**Region A Partnership for Children Staff Signature** By my signature above I acknowledge receipt of this report.