

Timesheet for Individual Volunteer
Region A Partnership for Children

FY 2011-12



Name of Program: _____ Service Provider: _____
 Name of Volunteer: _____ Month/Year: _____
 Address: _____ 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		

Total Hours:	
Hourly Rate:	\$19.65 <small>Non-professional volunteer hourly rate as of 7/1/11</small>
Total In-Kind:	

 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.