**Volunteer Time Sheet**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions:** Please document your time spent (including round trip travel time) on any related activites outside outside of meetings such as professional services, emails, trainings, and other administrative tasks. Refer to the example below, and record time using 15 minute increments. Please email completed form(s) to the Program Coordinator at phil.huerta@winonacountyasap.org.

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| --- | --- | --- | --- |
| **Date of Service** | **Location** | **Description of Service** | **Total hours worked (including travel)** |
| *3/23/16* | *[your agency name]* | *Email communication with Program Coordinator about event planning* | *15 mins* |
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**Volunteer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_