



**C
SERVES
N**

3200 E. Cheyenne Ave.
North Las Vegas, NV 89030
Phone: (702) 651-4698
Fax: (702) 651-4416
Email: csnserves@csn.edu

W. Charleston Office
B - 102 C

Cheyenne Office
1086

Henderson Office
B - 130 E

VOLUNTEER TIME SHEET

In order to get your hours recorded, timesheets must be turned-in on a regular basis. You must take this form with you and have the agency supervisor sign each time you volunteer. CSN Serves will contact agencies, as needed, in order to verify hours and participation.

Semester: FALL SPRING SUMMER Year: _____

Volunteer Name: _____ Student ID# _____

Email: _____ Phone: _____

Class: _____ Instructor _____

----- Volunteer Agency Information -----

Agency Name: _____ Phone: _____

Supervisor's Name: _____ Email: _____

DATE	TIME IN	TIME OUT	DAILY TOTAL	SUPERVISOR'S SIGNATURE

TOTAL Hours Completed _____

I hereby verify the above information is accurate

Volunteer Signature

Date

FOR OFFICIAL USE ONLY

RECEIVED ON _____

INITIALS _____

INPUT DATE _____

INITIALS _____



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Volunteer Service Time Sheet: Evaluation

Volunteer Name: _____

--TO BE COMPLETED BY **SUPERVISOR**--

Volunteer Progress: Excellent Satisfactory Needs Improvement Unsatisfactory

Supervisor Comments: _____

--TO BE COMPLETED BY **VOLUNTEER**--

Volunteer Experience: Excellent Satisfactory Needs Improvement Unsatisfactory

Volunteer Comments and/or "Feel Good" Moment: _____

I verify that evaluations have been discussed with the site supervisor. Additional comments can be written below

Volunteer Signature

Date

Additional Comments: _____

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