## **Volunteer Time Sheet**

Paralyzed Veterans of America Membership & Volunteer Program 801 Eighteenth Street, NW \* Washington, DC \* 20006-3517 800-424-8200 ext. 776 \* 202-416-7776 \* 202-416-7622 TTY \* 202-416-1250 fax

8	
PARALYZED VETERANS OF AMERICA	

 First Name:
 Middle Initial:
 Last Name:

Volunteer Identification Number: \_\_\_\_\_ Month: \_\_\_\_\_ Year:\_\_\_\_

Chapter Name:

Program Code Doll Date Number Hours Miles Reimb	ursed
Date Number Hours Miles Reimb	

## Program Codes

- 1. Service
- 2. Advocacy / Housing / Barrier-free Design / Employment
- 3. Research
- 4. Administrative / Secretarial\* (Chapter Totals Only)
- 5. Legislation
- 6. Hospital Liaison
- 7. Attendant Program
- 8. Sports
- 9. Fundraising\* (Chapter Totals Only)
- 10. Membership
- 11. Other (please specify \_\_\_\_\_)
- 12. Executive Committee\* (Chapter Totals Only)

\*Work performed in program code numbers 4, 9, and 12 can only be included as service for the chapters

Volunteer's Signature	Date	/	/
Volunteer Coordinator's Signature	Date	/	/
09/09			