

Volunteer Time Sheet

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: **Home:** _____ **Work:** _____
E-mail: _____

For Month of: _____

*Please fill out a separate sheet for **each month** of service.*

Department		Site			
<input type="checkbox"/>	Administration	<input type="checkbox"/>	Auburn	<input type="checkbox"/>	Rainier Vista
<input type="checkbox"/>	Child Development	<input type="checkbox"/>	High Point	<input type="checkbox"/>	Yesler
<input type="checkbox"/>	Development	<input type="checkbox"/>	Barton Place	<input type="checkbox"/>	Epstein
<input type="checkbox"/>	Family and Social Services	<input type="checkbox"/>	NewHolly	<input type="checkbox"/>	Olive Ridge
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Park Lake	<input type="checkbox"/>	

Date Worked	Duties Performed	# of Hours	Program Name	Staff Use Only	
				Program Code	(G)AAP and/or (M)atch
Total					

Thank you for your volunteer contribution to support Neighborhood House programs. We appreciate your contribution of time in support of Neighborhood House and the communities we serve. Please fill out this form and return it to your supervisor by the **fifth of each month**. Supervisors, please return this form to the volunteer coordinator by the **tenth of each month**.

Volunteer Signature/Date

Staff Signature/Date