



1001 Beall Lane \* PO Box 3697 \* Central Point, OR 97502 \* 541-734-5150 \* Fax: 541-245-9188

## MONTHLY VOLUNTEER TIME SHEET

VOLUNTEER'S FULL NAME \_\_\_\_\_

WORK SITE \_\_\_\_\_ CLASSROOM \_\_\_\_\_

FAMILY VOLUNTEER - HEAD START CHILD'S NAME \_\_\_\_\_

COMMUNITY/STUDENT VOLUNTEER

DATE	ACTIVITY (List duties performed)	Time In	Time Out	Total Hours
<b>TOTAL HOURS</b>				

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Area Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROCEDURES:**

1. Each Family/Community/Student Volunteer will fill out this form on a monthly basis.
2. Place the total number of hours in the column, which describes the type of work completed.
3. Send the form in to the HR Assistant at the end of each month and begin a new sheet.