



VOLUNTEER TIMESHEET

Please check the service location where you volunteer:

Grand Junction
 Delta
 Montrose
 Ouray

Please check the program where you volunteer and the service type that describes what you do:

<p><u>PROGRAMS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> B4 Babies & Beyond <input type="checkbox"/> Cooking Matters <input type="checkbox"/> Corporate Office <input type="checkbox"/> Family Connections <input type="checkbox"/> Family First <input type="checkbox"/> Parents as Teachers <input type="checkbox"/> Get Real <input type="checkbox"/> Health Access <input type="checkbox"/> DV Services- Latimer House <input type="checkbox"/> Life Adjustment Program <input type="checkbox"/> 211 	<p><u>PROGRAMS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Nurturing Parents <input type="checkbox"/> Partnership for Children & Families <input type="checkbox"/> Property Services <input type="checkbox"/> Senior Daybreak <input type="checkbox"/> The Commons <input type="checkbox"/> The Fountains <input type="checkbox"/> The Family Resource Center <input type="checkbox"/> Volunteer Services <input type="checkbox"/> Wellbeing Program <input type="checkbox"/> ADRC <input type="checkbox"/> Supporting Our Seniors <input type="checkbox"/> Child & Family Services <input type="checkbox"/> Marketing & Development <input type="checkbox"/> The Family Resource Center- Montrose 	<p><u>SERVICE TYPES</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrative Support <input type="checkbox"/> Special Events _____ <input type="checkbox"/> Special Projects <input type="checkbox"/> Outreach Support <input type="checkbox"/> Resident Companion <input type="checkbox"/> Internship/Practicum <input type="checkbox"/> Cooking Instructor/Support <input type="checkbox"/> Group Facilitation <input type="checkbox"/> Activities Facilitation <input type="checkbox"/> Crisis Line <input type="checkbox"/> Professional Services <input type="checkbox"/> Training Instructor <input type="checkbox"/> Computer Services Support <input type="checkbox"/> Tutoring <input type="checkbox"/> Mentoring <input type="checkbox"/> Janitorial-Environmental Services <input type="checkbox"/> Maintenance <input type="checkbox"/> Landscaping <input type="checkbox"/> Transportation <input type="checkbox"/> Childcare <input type="checkbox"/> Group Presenter <input type="checkbox"/> Other _____
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VOLUNTEER'S NAME _____

MONTH _____ YEAR _____

Date	Description of Assignment/Activity	Time In*	Time Out *	Total Time	Mileage**
		Round to nearest ¼ Hour	Round to nearest ¼ Hour		

(Turn over for more entry space)

TOTAL MONTHLY HOURS: _____ VOLUNTEERS INITIALS _____

* Do not include travel time in Hours Served Column unless vehicle is used on behalf of your program assignment-do not include time driving to and from volunteer assignment.

** Do not include mileage in MILEAGE Column unless vehicle is used on behalf of your program assignment.

