



Stanislaus County Volunteer Program Time Sheet

Name:				Month and Year:		Department:		Division/Program:	
Date	Time In	Time Out	Total Hours		Date	Time In	Time Out	Total Hours	
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					GRAND TOTAL				
VOLUNTEER SIGNATURE:									DATE:
VOLUNTEER SUPERVISOR'S SIGNATURE:									DATE:

By my signature above, I certify that I served as a volunteer to Stanislaus County for the hours as noted above and did not receive compensation for my services. I donated my time without any expectation or promise of compensation. All time is reported as VOL for Volunteer.

Submit to your Volunteer Coordinator