Volunteer Timesheet for Individuals

The Department of Natural Resources and Environmental Control is committed to affirmative action, equal opportunity, and the diversity of its workforce.

Volunteer Name _____

Phone _____

Program/Project _____

Location _____

Month(s) Reported _____

Please provide all information in ink. Any changes or corrections should be made by drawing a line through the error and correcting the error in ink. The person making the correction must also initial it.

Date	Activity	Time In	Time Out	Hours
Total hours for all days volunteered (submit additional sheets if more days/hours are to be reported)				

Volunteer Status (check whichever applies)

☐ True volunteer receiving no compensation for time donated.

☐ Compensated by federal grant or employer with federal funding source.
Please identify grant or employer _____

☐ Compensated by employer with a non-federal funding source.
Please identify employer _____

Please Check the Correct Age Bracket

Under 14	14-15	16-17	18 or older
☐	☐	☐	☐

For Office Use Only

Project Leader Certification _____

Date Approved _____

Date Entered _____

Entered By _____

Grant Code _____

Position Equivalent

By signing below, I certify that the information above is true and correct. (If volunteer is under the age of 18, parent/guardian signature is required.)

_____ *Volunteer Signature*

_____ *Date*

_____ *Parent/Guardian Signature*