

- Volunteer Timesheet – (one per month please)

Name _____ Month _____ Year _____

Name of your mentor/support person _____

*** Please show your time worked in these four categories:**

Domestic Violence (DV) which includes:

- Crisis Lines
- Legal
- Safety Planning for Children
- Support Groups
- Training

As an example:

Sexual Assault (SA) which includes:

- Crisis Lines
- Legal
- Safety Planning for Children
- Support Groups
- Training

Children's Program (Ch) which includes:

- Child Care

Support Services (SS) which includes:

- Administrative Support
- Board of Directors
- CS Administrative Support
- Development
- Outreach/Education
- Personnel Committee

How I worked my volunteer hours				
	<i>Number of Hours Worked</i>			
DATE	DV	SA	Ch	SS
1/2/03	3.5	2.5	1.0	1.0
TOTALS				

-Volunteer Change of Status-

Fill this section out if any of your contact information has changed.

Name _____ Date _____

New Address _____ City _____, WA Zip _____

New Home Phone Number: _____ New Business Phone Number _____

Mentor/Support Person: Please indicate *CHANGES IN VOLUNTEER'S WORK AREA*:

From _____ **TO** _____

On Leave: From _____ **TO** _____

Effective date of termination _____