



Date Entered: _____
 Initials: _____

Individual In-Kind Volunteer Record

Name (Printed): _____ Phone Number: _____
 Group Name/Organization: _____
 Email: _____ Address: _____
 Classroom/Location: _____ Month/Year: _____

Type of Volunteer:

- Community Volunteer
 Foster Grandparent
 Health
 ECCP
 EHS

Birth Month/Year: _____

Type of volunteering performed:

- Classroom Activity/Office work
 Interpreter/Trainer
 Medical Services
 Other: _____
 Maintenance

Rate (if not standard volunteer rate): \$ _____ per _____

Please make sure to record your time using quarter increments

(For example 15 minutes = .25 30 minutes = .5 45 minutes = .75 1 hour=1.0)

Please mark the number of hours in the day you volunteered:

Day Of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total Hours	
Time Spent																		
Day Of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			Total Hours
Time Spent																		
Total Hours																		

I affirm this information to be correct.

Volunteer Signature: _____ Date: _____

Staff Name (Printed): _____

Staff Signature: _____ Date: _____

