



Development Department
VOLUNTEER TIME LOG

Volunteer Name: _____

Address: _____

Month/Year: _____

| Date | Department | County | Category | Title (if applicable) | Job Description | Volunteer Type | Hours |
|---------|-------------|--------|----------|-----------------------|------------------------------|---------------------------------|-------|
| EXAMPLE | Development | Shasta | mailer | n/a | labeling, stuffing envelopes | level 1, level 2, intern, minor | 2.75 |
| 1 | | | | | | | |
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| 31 | | | | | | | |

Total Hours: _____ Supervisor Signature: _____

Volunteer Signature: _____ Date: _____

Please return your completed VOLUNTEER TIME LOG each month to the NVCSS
Development Department: 2400 Washington Ave., Redding, CA 96001
Phone: 530-247-3333 • Fax: 530-247-3354