



VOLUNTEER TIMESHEET



Volunteer Initiative Program

County of Santa Cruz

Name: _____ Volunteer Supervisor: _____

Month/Year: _____ Department: _____

Day	Hrs. on Site	Hrs. off site	Day	Hrs. on Site	Hrs. off Site
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				Total	Total

X _____
Volunteer's Signature

X _____
Supervisor's Signature

Total Monthly Hours: _____

Tell us your thoughts: How are you enjoying your volunteer position? How could things be improved?
How is the level of supervision? How well does this fit with the volunteer work you were looking for?

Thanks for Volunteering!

Please return to:

Volunteer Initiative Program Coordinator
701 Ocean Street – Room 30
Santa Cruz, CA 95060
(831) 454-2987 Phone
(831) 454-3463 Fax
tara.ireland@santacruzcounty.us