

# VOLUNTEER HOURS DAILY TRACKING FORM

| EVENT:  |  | COUNTY:      |                               |                                      | PAGE ____ of ____                   |   |
|---|--|--------------|-------------------------------|--------------------------------------|-------------------------------------|---|
| VOLUNTEER & DONATED RESOURCES COORDINATOR:  |  | PHONE #:     |                               | EMAIL:                               |                                     |   |
| LOCATION/SITE ADDRESS:  |  |              |                               | TIME PERIOD COVERING: _____ to _____ |                                     |   |
| VOLUNTEER ORGANIZATION:   |  |              | DESCRIPTION OF ELIGIBLE WORK: |                                      |                                     |   |
| ORGANIZATION CONTACT:   |  | PHONE #:     |                               | EMAIL:                               |                                     |   |
| VOLUNTEER NAME  |  | HOURS WORKED |                               |                                      | LOCATION OF SERVICE                 | DESCRIPTION OF WORK   |
| <b>Please read before signing:</b> I have received safety instructions for working at this site and agree to follow the safety procedures and the direction of the site supervisor. |  | TIME IN      | TIME OUT                      | TOTAL HOURS                          | Provide Address/Location & Zip Code | Specific Description of Work: (Debris Cleanup + Removal, Tarping, Landscaping, Data Entry, etc) |
|   |  | Last:        |                               |                                      |                                     |   |
| First:  |  |              |                               |                                      |                                     |   |
| Last:   |  |              |                               |                                      |                                     |   |
| First:  |  |              |                               |                                      |                                     |   |
| Last:   |  |              |                               |                                      |                                     |   |
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| Last:   |  |              |                               |                                      |                                     |   |
| First:  |  |              |                               |                                      |                                     |   |
| <b>DAILY TOTAL HOURS</b>  |  |              |                               |                                      |                                     |   |