



# VOLUNTEER TIMESHEET

100 W. Walworth Street, Room 105  
 P.O. Box 1001  
 Elkhorn, WI 53121  
 262-472-9632  
 volunteerwalworth@gmail.com  
 www.volunteerwalworth.org

Volunteer (Please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Month: \_\_\_\_\_, 20\_\_\_\_

**Thank you for volunteering!**

Date	Volunteer Activity Location	# of Hours
What you give of yourself is priceless. —Oprah Winfrey		
Total hours		

By signing below, I certify that this statement is correct to the best of my knowledge. Please return this form to the Volunteer Connection office by the 15th of January, April, July and October. Thank you.

Volunteer: \_\_\_\_\_ Approved by Volunteer Coordinator: \_\_\_\_\_ VC\_\_\_\_\_