COUNTY OF HENRICO
HUMAN RESOURCES DEPARTMENT
VOLUNTEER SERVICES PROGRAM
Individual Volunteer Monthly Time Log

Our Volunteers Are As Good As Gold!

Instructions: Please complete this form each day that you volunteer. Submit to your supervisor on the last day of the month. Keep your log in a place where your supervisor can readily access it, if necessary.

THANKS FOR VOLUNTEERING!

Name: _____ Month: _____ Year: _____

Home Telephone: _____ Job Title: _____

Department: _____ Section: _____

Date (dd/mm/yy)	Time In	Time Out	Total Hours	Date (dd/mm/yy)	Time In	Time Out	Total Hours

TOTAL HOURS VOLUNTEERED THIS MONTH: _____

Volunteer Signature: _____

Supervisor Signature: _____

Volunteer Program Fax#: (804) 501-5287