



**COUNTY OF HENRICO
HUMAN RESOURCES DEPARTMENT
VOLUNTEER SERVICES PROGRAM**



Monthly Volunteer Attendance Form

Instruction: Please list the names of all volunteers who have contributed one (1) or more hours this month to your Department and indicate each day's total hours. Please total all hours worked by all volunteers in the space marked "Grand Total." This form should be submitted to the Human Resources Department (FAX#: 501-5287) by the 5th of each month. Thank you!

DEPARTMENT _____ SECTION _____

SUPERVISOR _____ MONTH/YEAR _____

Volunteer Names	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	

Grand Total _____