STANISLAUS COUNTY
VOLUNTEER TIME LOG

Name: _____ Month/Year: _____

Department & Program: Parks & Recreation Dept Job Title: _____ Vol. ID#: _____

Group ID#: _____

* **One time log per month per volunteer.** If volunteer did not work in current month, please indicate reason (on vacation, not needed this month, terminated, etc.)

DATE	**Time In**	**Time Out**	**JOB TITLE** (if different from above)	**TOTAL HOURS** (example 2.5 hrs., 1 hr., etc.)

Total amount of hours: _____ Supervisor Signature: _____

DATE	**Time In**	**Time Out**	**JOB TITLE** (if different from above)	**TOTAL HOURS** (example 2.5 hrs., 1 hr., etc.)