Community Action Team, Inc., CHILD & FAMILY DEVELOPMENT PROGRAMS

Loc ID #_____   Month/Yr_____

This form is for recording volunteer hours in the program (ie: time spent working in the center,) Indicate the number of hours below.

Print First and Last Name of Volunteer *(and child's name if applicable)*	Volunteer **Signature**	P, F or C	Date: M	T	W	T	F	HOURS
Susie Sample **child – Sally Sample**	**Susie Sample**	**P**	**90**					**90**

P = Parent   F = Former Parent   C = Community (*highlight*)   Total Hours _____

0-15 minutes = .25 hours   **15-30 minutes = .5 hours**   **30-45 minutes = .75 hours**

Center Managers please total the hours for each volunteer before submitting to the Rainier Admin office. Please check to make sure the volunteer's name is legible, if not please write in their name. BY signing below I verify that I have reviewed the information for accuracy and totaled all hours.

Center Manager Signature_____   Date _____

Updated: 10/07