

Nauset Regional High School
Volunteer Hours
Time Sheet
PLEASE PRINT CLEARLY

Student: _____ Year of Grad _____
 Volunteer Site: _____
 Address: _____ Phone: _____
 Volunteer Activity: _____
 Supervisor Name and Title: _____

Use this sheet to document all hours that you volunteer. Please remember to have a supervisor at the site sign off on the hours you worked. Transportation to and from volunteering should not be added into the hours. When this sheet is full pass it in so that your hours can be documented.

DATE	TIME IN	TIME OUT	HOURS	MINUTES	SIGNATURE
		TOTAL ALL TIME	HOURS _____	MINUTES _____	