HopeWest

Volunteer Timesheet - Non Patient Care
Delta County Volunteers

☐ Heirlooms ☐ Orientation/Training

Special Events	**Administrative – Clinical MM**	**Administrative – Non-Clinical NM**
☐ Delta Gala ☐ Other: _____	☐ Timesheet or Data Entry ☐ Front Desk/Reception ☐ Bereavement Admin ☐ Bereavement Calls ☐ Group Facilitator/Adult Group ☐ Cake Baking ☐ Sewing	☐ Development Department - Office Work ☐ **Other:** _____

Volunteer Name: _____

Supervisor/Department: _____

Month*: _____

Year: _____

***Please only enter hours for one month per timesheet.**

****Do not include travel time in Hours column if you are an Office Volunteer or for any orientation or in-service classes**

Total Monthly Hours: _____

Volunteer Initials _____

Date	Hours Worked**	Mileage