



GROUP VOLUNTEER TIMESHEET

Park Name:		Month / Year:
Group Name and Troop Number (if applicable):	E-Mail Address:	Group Leader:
Mailing Address:	City, State, Zip Code:	Telephone Number:

A. Check one box below that describes your group affiliation, the volunteer event, or the work you performed.

- Park Maintenance/Project/Clean-up
 Beach Cleanups
 Program Advisory Committee
 Trail Maintenance
 National Public Lands Day
 Committee Name: _____
 Interpretive Assistance
 Community Partnership Month
 Boating Program
 Other: _____

B. List the name of each person who performed service this month. Indicate the number of hours of service for each person in the column on the day the service was performed.

NAME (LAST, FIRST, MI)	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	
1																																	
2																																	
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	
11																																	
12																																	
13																																	
14																																	
15																																	
	Total Hours:																																

_____ _____ _____ _____

Group Leader Signature Date Supervisor Signature Date