Haywood Community Connections
"Neighbor helping Neighbor"
haywoodconnections.org

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Volunteer Time Sheet

Volunteer First Name:_____ Last Name_____

For the Month and Year of_____

Congregation Name (if applicable)_____

Church Team Leader Name_____

Date	Care Receiver's Name	Service Provided	Volunteer Time	Mileage

<u>IMPORTANT NOTE</u>: ALWAYS ENTER FULL FIRST AND LAST NAMES OF YOUR CARE RECEIVERS. WE NEED THEM FOR IDENTIFICATION AND RECORDS. IF YOU ARE UNSURE OF THE AMOUNT OF TIME OR MILEAGE, PLEASE ESTIMATE TO THE BEST OF YOUR ABILITY.

Comments/Concerns:

Would you like Shirley Topper to call you for further discussion of concerns/comments_____?

Thank you for making a difference in someone's life!