QUARTERLY VOLUNTEER TIME RECORD

Thank you for your time. **Please indicate the number of hours including your round-trip travel time and the kind of work you did for our records. We use this information to determine our resource needs and the monetary value of your help to (Name of Organization).**

Volunteer's Name: _____

Month/ Date/ Year	# of Hours Including Travel Time **Round Trip**	Training	In-services	Administration Projects	Volunteer Project	Fundraising	Speakers Bureau	xxxxxx	xxxxxx	# of Miles Round Trip