VOLUNTEER TIME SHEET

NAME_____ PHONE_____

EMAIL_____ Month(s)_____

DATE	COMMITTEE	DESCRIPTION	Start	Finish	Hours

TOTAL HOURS_____

Volunteer's signature_____ **Date**_____

Please submit this form to SL City Hall - 239 2nd Ave SE, Soap Lake WA 98851 for recording……...

Include date and description only if hours are submitted on a group project timesheet.