



VOLUNTEER HOURS TRACKING FORM

Date: _____ Volunteers Name: _____

Session/Event/Program Date: _____ Session/Event/Program: _____

Department:

- Emergency & Fire Services
- Event Services
- Parks Operation & Maintenance
- Public Works
- Recreation & Culture
- Other (Specify): _____

Position: _____ Location: _____

Hour Tracking Chart

| Date | Time | Hours | Supervisor Signature |
|---------------------|----------------|-------|----------------------|
| e.g. – Jan 6, 2012 | 3:00 – 6:00 pm | 3.0 | <i>Kathy Sampson</i> |
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| TOTAL HOURS: | | | |

Office Use Only

Total Hours this Period: _____ Total Hours to Date: _____
 Entered in Database By: _____ Date Entered: _____

Please attach and submit this form, along with your completed Community Services evaluation form and your school form to:

Volunteer Development Fax
 c/o- Richvale Community Centre OR 905 737 0430
 160 Avenue Road
 Richmond Hill ON L4C 5L8

Questions or Comments, Please email: volunteers@richmondhill.ca