Volunteer Hours Tracking Form

Date: _____ (dd/mm/yy)

Volunteers Name: _____

Session/Event/Program Date: _____ (dd/mm/yy)

Session/Event/Program: _____

DIVISION:

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

Position: _____ Location: _____

HOUR TRACKING CHART:

Date	Time	Hours	Supervisor Signature
	Total Hours:	0.0	

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

Volunteer Development
c/o - Richvale Community Centre
160 Avenue Road
Richmond Hill, ON L4C 5L8

OR

Fax

905-737-0430

Questions or Comments? Please email **volunteers@richmondhill.ca**.

OFFICE USE ONLY:

Total Hours this Period: _____ Total Hours to Date: _____

Entered in Database By: _____ Date Entered: _____