

# Center for People in Need

<b>Are You a New Volunteer for the Center for People in Need</b> Yes _____ No _____	
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## VOLUNTEER IN KIND CONTRIBUTION OF PERSONNEL SERVICES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Week of \_\_\_\_\_

Employer/Organization \_\_\_\_\_

Date	Work Performed	Time In	Time Out	Total Hours
<b>Total Hours for the Week</b>		-----	-----	

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Hourly Rate: _____	Total Hours _____	Total Value _____
Fiscal Approval _____	Basis of Valuation _____	
Data Base _____	Coding _____	ID: _____

ddaily/hr/volunteertimesheets/7-05

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Volunteer Interest Sheet

Name	Phone Number	E-mail Address	Availability