



VOLUNTEER TIMESHEET
CitySERVE Volunteer Program
City of Santa Cruz

Name: _____ Volunteer Supervisor: _____

Month/Year _____ Department: _____

Day	Hrs. on Site	Hrs. off site	Day	Hrs. on Site	Hrs. off Site
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16				Total	Total

X _____
Volunteer's Signature

Total Monthly Hours:

Tell us your thoughts: How are you enjoying your volunteer position? How could things be improved? How is the level of supervision? How well does this fit with the volunteer work you were looking for?

Thanks for Volunteering with the City of Santa Cruz! Please don't hesitate to contact the CitySERVE Program Coordinator,
@ 420-5403; cityserve@cityofsantacruz.com

Please Return to:
CitySERVE: 323 Church Street, Santa Cruz, CA 95060 **Fax:** (831) 420-5271