



VolunteerCenter  
Be the difference

**VOLUNTEER TIMESHEET**  
**Volunteer Initiative Program**  
*County 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

X \_\_\_\_\_  
Supervisor'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!**

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Questions? Please contact the VIP Coordinator at (831) 454-2987 or [donna.patters@santacruzcounty.us](mailto:donna.patters@santacruzcounty.us)