Volunteer Time Sheet

Paralyzed Veterans of America
Membership & Volunteer Program
801 Eighteenth Street, NW * Washington, DC * 20006-3517
800-424-8200 ext. 619 * 202-416-7619 * 202-4167622 TTY

First Name: _____ Middle Initial: _____ Last Name: _____

Volunteer Identification Number: _____ Month: _____ Year: _____

Chapter Name: _____

Date	Program Code Number	Hours	Miles	Dollars Reimbursed

Program Codes

1. Service
2. Advocacy / Housing / Barrier-free Design / Employment
3. Research
4. Administrative / Secretarial* *(Chapter Totals Only)*
5. Legislation
6. Hospital Liaison
7. Attendant Program
8. Sports
9. Fundraising* *(Chapter Totals Only)*
10. Membership
11. Other (please specify _____)
12. Executive Committee* *(Chapter Totals Only)*

**Work performed in program code numbers 4, 9, and 12 can only be included as service for the chapters*

Volunteer's Signature _____ Date ____/____/____

Volunteer Coordinator's Signature _____ Date ____/____/____

02/07