Volunteer Time Sheet

Paralyzed Veterans of America

Membership & Volunteer Program

1875 Eye Street, NW, Suite 1100 * Washington, DC * 20006

888-838-7782 * Direct Membership Line

First Name: _____ Last Name: _____

Volunteer Identification Number: _____ Month: _____Year: _____

Chapter Name: _____

Program Code Numbers

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

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

Date	Program Code	Assignment Description	Hours	Points	Supervisor Signature

Volunteer's Signature _____Date _____

Volunteer Coordinator's Signature _____ Date_____