



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	5. Legislation	11. Other
2. Advocacy/Housing/Barrier-free Design/Employment	6. Hospital Liaison	12. Executive Committee* (<i>Chapter Totals Only</i>)
3. Research	7. Attendant Program	<i>*Work performed in program codes 4, 9, and 12 can only be included as service for the chapters</i>
4. Administration/Secretarial* (<i>Chapter Totals Only</i>)	8. Sports	
	9. Fundraising* (<i>Chapter Totals Only</i>)	
	10. Membership	

Date	Program Code	Assignment Description	Hours	Points	Supervisor Signature

Volunteer's Signature _____ Date _____

Volunteer Coordinator's Signature _____ Date _____