## **Volunteer Time Sheet**

Please use only one time sheet per organization for which you volunteer.



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## ORGANIZATION INFORMATION STUDENT NAME **DATE HOURS ORGANIZATION NAME ORGANIZATION ADDRESS SUPERVISOR NAME** TITLE PHONE: E-MAIL: **Total Hours Completed** STUDENT SIGNATURE SUPERVISOR SIGNATURE DATE DATE

By signing above, we certify that the information provided in this form is both accurate and true.

FOR O	FFICE USE ONLY	
Verified by:	on	
Sent to Finance by:	on	
		STAMP HERE

A total of 20 volunteer hours are required to complete the program. Fill, print, and sign where necessary. Please scan and email to **movalearns@moval.org** or deliver in person to Moreno Valley City Hall, located at **14177 Frederick Street, Moreno Valley, CA 92533**. Use only one volunteer time sheet per organization you volunteer with.