

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 ____/____/____