

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 ____/____/____