Date Received: ----------
Date Entered :_____
Initials: _____

Volunteer Name: _____ **Date**_____

CFRC Volunteer In-kind Form

.25= 15 Min .50=30 Min
.75=45 Min 1.0= Hour

Please List only one department per line with the time spent for that department.

PLEASE SIGN BELOW

Date	Job Assignment	Department/ Program	Time Spent on Task	Time increments

Volunteer Signature: _____ **Date:** _____
Program Staff Signature:_____ **Date:**_____
Volunteer Coordinator: _____ **Date:** _____