

Volunteer Time Sheet

Group Name _____ Group Number _____

Volunteer Name _____ Volunteer Number _____

Date ____ / ____ / ____ Client Name/ID _____

Work Address _____

Starting Time _____ Ending Time _____ Total hours worked _____

_____ Architect	_____ Egress Windows	_____ Heating/cooling
_____ Clean-Up	_____ Electric	_____ Heavy equipment
_____ Carpentry	_____ Engineering	_____ Insulating
_____ Concrete	_____ Floor carpet	_____ Masonry
_____ Construction Layout	_____ Floor Underlay	_____ Paint
_____ Drywall-hang	_____ Floor Vinyl	_____ Plumb
_____ Drywall-finish	_____ Framing	_____ Roofing
_____ Other	_____ Cabinets	

Comments:

Date ____ / ____ / ____ Client Name/ID _____

Work Address _____

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Comments: