

West Virginia Division of Justice & Community Services		Volunteer Timesheet	
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Volunteer:		Agency:	
Month/Year:		Grant Number:	

		Description of Volunteer Activities.
Date	Vol. Hours	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
TOTAL		

The undersigned certifies that the above named volunteer was NOT paid for the above listed time and that the time was utilized to provide services to Victims of Crime.

Volunteer

Supervisor

Volunteer In-Kind Match Rate (if Applicable)

\$	/hr.
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