

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

	Date	Vol. Hours	Description of Volunteer Activities.
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.