

# VOLUNTEER SERVICE RECORD

Senior Nutrition Program  
 Office of Community and Economic Development  
 415 W. Michigan Ave, Suite 2200 P.O. Box915  
 Ypsilanti, MI 48197

SITE: \_\_\_\_\_

MONTH: \_\_\_\_\_

\*Please record time to the closest (0.5) hour.

Please indicate: CONGREGATE: \_\_\_\_\_ HOMEBOUND: \_\_\_\_\_

Please Print Name	DATE	M	T	W	T	F	TOTAL	M	T	W	T	F	TOTAL	M	T	W	T	F	TOTAL	M	T	W	T	F	TOTAL	MONTH TOTAL	VOLUNTEER SIGNATURE
TOTAL HOURS																											

SITE COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NUTRITION OFFICE USE ONLY: \_\_\_\_\_

TOTAL HOURS: _____ X \$ _____ (Hourly Rates) = \$ _____
ACCOUNT # : _____

