



Volunteer check in/check out sheet & quarterly hour totals

NOTE: Additional blank check in/check out sheets may be obtained from the county volunteer services coordinator

Volunteer name: _____ Department: _____

Supervisor: _____ Job location: _____

For the month of:

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When completed, return a copy of this quarterly volunteer hour sheet to your department supervisor and to:

Cathy Crocker, Marion County Volunteer Services Coordinator
 Business Services, Human Resources Division
 PO Box 14500
 Salem, OR 97309
 phone: 503-588-7990
 fax: 503-88-5495
 e-mail: ccrocker@co.marion.or.us

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Date entered _____



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OREGON

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