

### Volunteer Quarterly Time Card

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Vol. Position(s) \_\_\_\_\_

Please document your volunteer hours, including travel time to and from the location.

Year 20 \_\_\_\_\_

Check one:

**Quarter 1** (1/1 - 3/31)

**Quarter 3** (7/1 - 9/30)

**Quarter 2** (4/1 - 6/30)

**Quarter 4** (10/1 - 12/31)

Date	Type of Volunteering (e.g. event, meeting, training)	Hours	Mileage
<b>TOTALS (will calculate automatically)</b>			

**Email to [Jeanette@ganondagan.org](mailto:Jeanette@ganondagan.org)** or mail to FOG | P.O. Box 113 | Victor, NY 14564

**Office Use**

# of Trips \_\_\_\_\_ Quarterly Hours Total \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_