



Monthly Volunteer Time Log

The Oregon Department of Fish and Wildlife relies on volunteer hours to help fund its archery programs. The proper completion and submission of this form by all program contributors is critical to the Department's ability to maintain this effort.

Each person who assists in this program must complete, sign, and submit their own time log.

Name: _____

Event type: NASP® S3DA Other: _____

MONTH: _____ **YEAR:** _____

Date of Month	Hours of Preparation Time	Hours of Activity / Class Time	Hours of Travel Time	I was paid by my employer for the time I worked	I worked as an unpaid volunteer
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>

Date of Month	Hours of Preparation Time	Hours of Activity / Class Time	Hours of Travel Time	I was paid by my employer for the time I worked	I worked as an unpaid volunteer
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>

For those paid by their employer: My hourly salary, including benefits, is: \$ _____
This information is critical in providing ODFW archery programs with in-kind match funding.

To be completed ONLY by the lead volunteer:

Cumulative number of participants since July 1 to present: _____

(Male: _____ Female: _____)

By signing below, I confirm that the above information is accurate and complete.

Signature of Volunteer

Date

School / organization name: _____

Once completed, please return to:

Oregon Department of Fish and Wildlife
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 Salem, OR 97302
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 (503) 947-6076