

VIRGINIA DEPARTMENT OF FORESTRY VOLUNTEER INFORMATION & TIME SHEET

VOLUNTEER INFORMATION

NAME _____ SSN _____

ADDRESS _____

VOLUNTEER AGREEMENT

I understand that I am a volunteer for the Virginia Department of Forestry and will receive no financial compensation or benefits for assistance rendered in any capacity.

If I am injured while performing volunteer duties, medical claims are my responsibility (personal insurance or cash payment). Upon request, the Department of Forestry will file my claim with Virginia's Division of Risk Management. If accepted, I, or my insurance carrier, may be partially or fully reimbursed. I understand that filing a claim with Risk Management does not guarantee acceptance or reimbursement.

VOLUNTEER SIGNATURE

DATE

MANAGER NAME

MANAGER SIGNATURE

DATE

VIRGINIA DEPARTMENT OF FORESTRY VOLUNTEER INFORMATION & TIME SHEET

TIME SHEET UNIT _____ MONTH _____ YEAR _____

DATE	TIME IN	TIME OUT	VOL. HOURS	DESCRIPTION OF ACTIVITY
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 VOL. HOURS FOR MONTH				

VOLUNTEER NAME

VOLUNTEER SIGNATURE

DATE

MANAGER NAME

MANAGER SIGNATURE

DATE