

CLATSOP COMMUNITY COLLEGE

VOLUNTEER SERVICES

The information below must be completed by Volunteers and their Supervisors each term, to be eligible for Worker's Compensation. MUST RETURN TO PAYROLL ON LAST DAY OF THE TERM.

NAME _____ TERM _____ 20__

SOCIAL SECURITY# _____ DEPARTMENT _____

MONTH _____

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
HOURS																

DATE	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS															

MONTH _____

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
HOURS																

DATE	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS															

MONTH _____

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
HOURS																

DATE	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS															

I Certify That The Hours Shown Are True and Correct

This Volunteer Has Completed The Hours Shown

Volunteer's Signature

Supervisor's Signature

Date

Date