



# Volunteer Time Sheet

Paralyzed Veterans of America  
 Membership & Volunteer Program  
 801 Eighteenth Street, NW \* Washington, DC \* 20006-3517  
 800-424-8200 ext. 776 \* 202-416-7776 \* (TTY) Dial 711 \* 202-785-4452 Fax

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Volunteer Identification Number: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Date	Program Code Number	Hours	Miles	Dollars Reimbursed

## Program Codes

1. Service
2. Advocacy / Housing / Barrier-free Design / Employment
3. Research
4. Administrative / Secretarial\*  
(Chapter Totals Only)
5. Legislation
6. Hospital Liaison
7. Attendant Program
8. Sports
9. Fundraising\*  
(Chapter Totals Only)
10. Membership
11. Other (please specify \_\_\_\_\_)
12. Executive Committee\*  
(Chapter Totals Only)

*\*Work performed in program code numbers 4, 9, and 12 can only be included as service for the chapters*

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_