

## PEER SUPPORT SERVICES FOR ABUSED WOMEN VOLUNTEER TIME SHEET

*Please record the time you spent volunteering for Peer Support Services for Abused Women in the appropriate category below. Please help us with the collection of this information by recording your time as accurately as possible. Please be sure to include any preparation time for your volunteer activity as well as your travel time to and from your volunteer activity.*

NAME : \_\_\_\_\_

MONTH OF : \_\_\_\_\_

CATEGORY	HOURS SPENT				TOTAL
	WEEK 1	WEEK 2	WEEK 3	WEEK 4	
<b><i>Direct Contact With Clients</i></b>					
➤ Group facilitation -					
➤ Childcare					
➤ Individual Peer Support					
<b><i>Public Education</i></b>					
➤					
<b><i>Liaison with Agencies or Services</i></b>					
➤					
<b><i>Board Meetings or Work</i></b>					
<b><i>Committee Meetings or Work</i></b>					
➤ Executive Committee					
➤ Finance Committee					
➤ Personnel Committee					
➤ Nominating Committee					
➤ Membership Committee					
➤ Fund Raising Committee					
➤ Public Relations Committee					
<b><i>Volunteer Meetings or Training</i></b>					
➤ Meetings					
➤ Training					
<b><i>Office Support</i></b>					
<b><i>Other – please specify</i></b>					
➤					
➤					
<b>GRAND TOTALS</b>					