

3200 E. CHEYENNE AVE. N. LAS VEGAS, NV 89030 SORT CODE: C1C (P) 702-651-4698 (F) 702-651-4851 CSNSERVES@CSN.EDU WCH: B-102C CHY: E-105 HDN: B-130E

VOLUNTEER TIME SHEET

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In order to have your hours recorded; timesheets must be turned-in on a regular basis. You must take this form with you and have the volunteer supervisor sign each time you volunteer. CSN Serves will contact agencies, as needed, in order to verify hours and participation.

Semester:	FALL	SPRING	SUMMER			Year:			
Volunteer Name:					Student ID#				
ي ن Email:					Phone:				
Class:					Instructor:				
Volunteer Agency Information									
Agency Nam	ne:			Phone:					
Supervisor's Name:					Email:				
DATE		т и	TIME OUT	DAILY	TOTAL	SUPERVISOR'S SIGNATURE			
		<u>_</u>				<u> </u>			

TOTAL Hours Completed _____

I hereby verify the above information is accurate. In addition, I agree to hold the College of Southern Nevada and the Nevada System of Higher Education harmless from any liability incurred by reason of the volunteer's services provided.

Volunteer Signature		Date							
GENERAL CONCERNENCE CONCERNENCERNENCE CONCERNENCE CONCERNENCE CONCERNENCE CONCERNENCE CONCERNENCE CONCERNE									
RECEIVED ON	INITIALS	INPUT DATE	INITIALS						