**State of Connecticut**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

### LOG OF VOLUNTEER HOURS

**MONTH OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_**

**Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME/PROGRAM\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual volunteers and groups are required to sign in and out each**

**time he/she volunteers for any agency activity or with any client.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF**  **INDIVIDUAL OR GROUP (PRINT)** | DATE | TIME **IN** | TIME **OUT** | TOTAL **HOURS** | **# OF**  **CLIENTS** | **TYPE OF ACTIVITY** | **SIGNATURE OF VOLUNTEER OR GROUP REP** |
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**This form is to be maintained at the home/program. Program Volunteer Contact will collect the forms on a monthly basis and will send a copy to the local Human Resources (HR) office. Local HR office will compile and send to Central Office HR annually by 6/1.**