



**CARE Event Final Report and Timesheet**

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Facility/Waterbody: \_\_\_\_\_ Town: \_\_\_\_\_

Group/Partner: \_\_\_\_\_

**Attendee Demographics** Please help us compile data in determining the extent to which minority groups participate in the program. Identify the number of participants next to each of the following categories. Identification of race should be made on a visual basis. DO NOT ask attendees about their demographics.

White	Black	Latin Surname	Other
Male:	Male:	Male:	Male:
Female:	Female:	Female:	Female:

Total Number of Participants: \_\_\_\_\_

**Lead Fishing Coach:** I certify that all the information contained in this CARE Event Final Report and Volunteer Fishing Coach Time and Activity report is accurate to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CARE Staff Approval</b>	Event ID Number: _____
Print Name: _____	Signature: _____ Date: _____



### Volunteer Fishing Coach Daily Time Reporting

Volunteer time **MUST** be recorded by the **date on which it occurred**.

- If you volunteered prep time on a *different day* than the event, you must list that time *separately* from the time you volunteered at the event.
- If an event occurred on multiple days (i.e. camps), you need to **record your time for each day**.

Date of Activity	Volunteer Name (print)	Volunteer Signature	Certification	Type of Activity	Daily Hours Worked	Daily Hours Travel	Daily Miles Driven (round trip)
02/12/23	Tom Bourett	<i>Tom Bourett</i>	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input checked="" type="checkbox"/> Prep	2	0	0
02/15/23	Tom Bourett	<i>Tom Bourett</i>	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Team	<input checked="" type="checkbox"/> Event <input type="checkbox"/> Prep	4	2	75
02/15/23	Hank Parker	<i>Hank Parker</i>	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Team	<input checked="" type="checkbox"/> Event <input type="checkbox"/> Prep	3	1	45

Date of Activity	Volunteer Name (print)	Volunteer Signature	Certification	Type of Activity	Daily Hours Worked	Daily Hours Travel	Daily Miles Driven (round trip)
			Choose only one per row	Choose only one per row	Maximum 14 hours including travel time		(Optional)
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			
			<input type="checkbox"/> Certified <input type="checkbox"/> Team	<input type="checkbox"/> Event <input type="checkbox"/> Prep			