## **VOLUNTEER TIME SHEET**

Silver Bay YMCA is incredibly thankful for your volunteer service. We wouldn't be the nonprofit we are today without you! For tax purposes, please complete this form as accurately as possible.

Name:			Did you feel valued as a volunteer? Y	'es	No	
Email Addre	ss:		Were the requirements of your voluntee	ar acc	ianment	
Mailing Address:			explained clearly and did you receive appropriate training			
Home Phone:			your assignment? † Y	es/	No	
Please Check Appropriate Box:			Was your supervisor helpful and supportive? Yes No			)
Age: Adult (18+) Youth (Under 17 years)			Would you refer others to volunteer at Silver Bay? Yes  If you wish, please comment on your volunteer experier			
Department Where Assigned:  Council Projects Development Food Service Guest Services			and provide any suggestions you might feel appropriate to enhance Silver Bay's Volunteer Program.			
Hospitality Services Maintenance Program Special Events Spiritual Life			Do we have your permission to publish your comments in promotional materials? Yes †No			s in
Supervisor:_						
Please note	day(s) and hour	(s) volunteered:				
Day	Date	Hours Worked				
Monday						
Tuocday						

ruesday Wednesday Thursday Friday Saturday Sunday

Wondering how many hours you've volunteered so far this year? Contact the Volunteer Coordinator at volunteer@silverbay.org for an update!

It is Silver Bay's intent that all volunteers have a positive volunteer experience. **Please** provide comments on your experience - they are appreciated!

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IRS regulations made incident to the rendition of volunteer services to a charitable organization, may be deductible charitable contributions. Expenditures may be substantiated by the donor's normal records and an abbreviated written acknowledgment provided by the charitable organization receiving the volunteer service. It is important, therefore, that we have a documented record on file (time sheet) to support any charitable contributions you wish to claim with IRS.

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