



MINNESOTA HISTORICAL SOCIETY

Volunteer Time Record

NAME: _____ MONTH/YEAR: _____
(Please print)

DEPARTMENT/HISTORIC SITE: _____

WORK PERFORMED: _____ LOCATION: _____

SUPERVISOR: _____
(Please print)

START DATE: _____ END DATE: _____
(If new assignment) (If finishing project)

DATE	HOURS WORKED	DATE	HOURS WORKED	DATE	HOURS WORKED
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	
TOTAL HOURS WORKED THIS MONTH: _____					

SIGNED: _____ SIGNED: _____
(Volunteer) (Supervisor)

Please return this form **by the 5th of the month to:**

Volunteer Services
History Center, Level 4
345 Kellogg Boulevard West
St. Paul, MN 55102-1906
651-297-2605 or email to volunteerservices@mnhs.org