



Kentucky Public Health Association

Volunteer Time Sheet

Volunteer Name: _____ Month: _____ 20____

Date	Activity Description	Hours	Monetary Donation
<small>Instruction: Please be as specific as possible in describing the activity such as Board Meeting, Policy Committee Meeting, Golf Scramble Setup, Fund Raising, Exhibit Setup, Administrative Activity, etc. Hours and Monetary Donation's should not be included if you receive compensation for them in any way. Please record Hours in 1/4 hour increments. Monetary Donation recorded would be for any expense you incurred to participate in the activity and not reimbursed to you such as lodging, food, travel, supplies, etc.</small>			
Total Hours and Monetary Donations:			

Volunteer Signature _____

Thank you for your support and commitment to the KPHA!

Please keep accurate records of your time so our association can recognize the commitment made by our members.

Submit the completed form by the 5th of the month to: Executive Director, Kentucky Public Health Association, PO Box 1091, Frankfort, KY 40602-1091 or fax to (502) 226-5155 or email to kpha@fewpb.net .