



Volunteer/Intern Timesheet

Name of Volunteer: _____ Department: _____ Month : _____

| Date | Description of Service or Activity | Time In | Time Out | Total Hours | Staff Supervisor's Initials |
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Thank you for your volunteer contribution to support the Town of Surfside. We appreciate your contribution of time.

Signed: _____
(Volunteer/Intern)

Signed: _____
(Staff Supervisor)

Please return to H.R. Coordinator once completed