PILLSBURY United Communities
Creating choice, change and connection

PILLSBURY HOUSE VOLUNTEER TIME SHEET

Please Print Clearly

Volunteer Name: ______________________ **Phone:** ( ) ______________

Service Provided:	Date Service Provided:	Total Hours Worked:

The Service was provided as stated above:
Volunteer Signature: ______________________

Staff Signature: ______________________

Credit Allocation: *(Please check one)*

☐ I want to earn credits for my volunteer time.
☐ Donate my credits to the fund for those who cannot give service.

For Staff Only:

Type of Volunteer position:

For Office Use Only:

Date Entered:	Initials:

✂---

(*Cut here if you wish to submit this feedback anonymously*)

Volunteer Evaluation

- To be filled out by the Volunteer -

My overall experience of volunteering today was: *(please check one)*

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unacceptable

One thing that made me feel welcomed *today* at Pillsbury House was:: ______________________

My volunteer experience *today* could have been improved by:

*The **Volunteer** is responsible for the return of this form.*

Place this form in:
the Volunteer Coordinator's mailbox, located on the 3rd floor

Thank you for Volunteering…
We appreciate your participation <u>and</u> your feedback!

<u>Remember</u>:

Fill out one form per day of volunteering.

Sign this form.

Have a staff person sign this form.