		Voluntee	r Timeshe	et		
Name of Volunteer:		Name of Supervisor: Approximate Grade Level of Work:				
Month / Year:_						
Enter the actual	•		s volunteered ne d, enter a "0" or l		sponding date.	
Date	Hours	Date	Hours	Date	Hours	
1		12		23		
2		13		24		
3		14		25		
4		15		26		
5		16		27		
6		17		28		
7		18		29		
8		19		30		
9		20		31		
10		21 22		-		
<b>.</b>			ATURES	<b>-</b> .		
Volunteer: _				_ Date:		
Supervisor:				Date:		
COMMENTS / ADD	ITIONAL INFOR	MATION:				
Note: Info	ormation from this to		sed for the Voluntee	rs Annual Report,	form FS-1800-24	
unless it displays a valid ON	MB control number. The mated to average 15 m	, an agency may not c e valid OMB control nu inutes per response, i	onduct or sponsor, and a imber for this information ncluding the time for revie	collection is 0596-008	d to respond to a collection of information. The time required to complete inching existing data sources, gath	
The U.S. Department of Agr gender, religion, age, disabi Persons with disabilities who contact USDA's TARGET C	ility, political beliefs, sex o require alternative me	kual orientatin, and ma eans for communicatio	rital or family status. (No	ot all prohibited bases a	apply to all programs.)	
To file a complaint of discrin or call (800) 795-3272 (voice					nington, DC 20250-9410	
		Privacy Act	Statement			
Collection and use is covered by Privacy form. The data will be used to mainta	Act System of Records USDA/OP- ain official records of volunteers of	I and is consistent with the provis the USDA Forest Service for the p incomplete, enrollment in th	urposes of tort claims and injury com	74), which authorizes acceptance opensation. Furnishing this data is	of the information requested on this voluntary, however if this form is	