



**StarCare Specialty Health System
Volunteer/Practicum/Internship Monthly Timesheet**

Name: _____

Type of Volunteer:
(Check one)

Work Site: _____ RU#: _____

Community

Supervisor: _____

Practicum Student

Month: _____ Year: _____

Employee

Total # of Hours Volunteered this Month: _____

Contract

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

Please complete this time sheet and return it to Brandi Ivey at 904 Avenue O or fax to 806-766-0237 by the ***3rd of the month.***

Thank you for your services to our consumers

Signature of the Volunteer

Supervisor's Signature