

**APPENDIX I
Clean Ohio Trails Fund/Recreational Trails Fund
VOLUNTEER TIME SHEET FORM**

Project Information	
Name of Project:	_____
Project Number:	_____
Sponsor:	_____

Volunteer Information		
Name: _____		
<i>Skilled Labor/Non skilled Please circle</i>	Yes	No
<i>(If skilled, please attach documentation)</i>		

Date	Time In	Time Out	Lunch	Total Hrs	Services Performed
Total Donated Hours				0.00	

* Please deduct the lunch hours when calculating Total Hours Worked

I certify that I provided the volunteer service hours described above and that I am 18 years or older

Signature of Volunteer _____

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