



**THE DISTRICT OF THUNDER BAY  
SOCIAL SERVICES ADMINISTRATION BOARD**

## Volunteer Recognition Month Attendance Report

Name:	Telephone #:
Address:	

Name of Agency Volunteering for: \_\_\_\_\_

Number of hours you volunteered in the month (please use a separate sheet for each calendar month and agency you volunteer for):

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
1								
2								
3								
4								
5								
6								

I declare that the information provided on this report is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attendance Sheet must be returned no later  
than the 5<sup>th</sup> of each month**