United States Department of Agriculture

Marketing and Regulatory Programs

VOLUNTEER TIME AND ATTENDANCE RECORD

NAME OF VOLUNTEER *(Print Last, First)*

_____

Date	Time-In	Time-Out	Total Hours	Location

Upon completion of volunteer service: Total Hours _____

_____ _____

Signature of Volunteer Date

To be completed by program official

Program Official: _____
Print Name

Signature: _____

Distribution: Return to:
MRP Volunteer Service Program Coordinator
mrp.volunteer.program@usda.gov