Arrowhead United Way
646 North D Street
San Bernardino, CA 92401
(909) 884-9441
Fax: (909) 885-4096
www.ArrowheadUnitedWay.org

Timesheet

Name: _____ Telephone: _____

Address: _____
Street City Zip

School: _____ Graduation Year: _____

* Please round hours to nearest ½ hour – for example, 1 hour and 23 minutes = 1.5 hours; 1 hour and 10 minutes = 1 hour.

Date	Time In	Time Out	Total Hours	Agency Name/Program you volunteered for	Supervisor's Signature

Total hours on timesheet: _____

If you are a high school student and would like to be recognized in the *Teens Make a Difference Ceremony*, please submit all completed timesheets to Arrowhead United Way on or before April 1st.