LAKE COUNTY COUNCIL ON AGING VOLUNTEER TIME SHEET

NAME: **WORK SITE:**

NUTRITION SITE ONLY					**MEALS ON WHEELS ONLY**				
DATE	JOB CODE	IN	OUT	HOURS	DATE	JOB CODE	IN	OUT	HOURS
			Total hrs.					**Total hrs.**	

VOLUNTEER SIGNATURE: DATE:

VERIFIED BY: DATE:

JOB CODES

MOWD	Meals on Wheels Driver	**SERV**	**Serving**
MOWP	Meals on Wheels Packer	**NSREG**	Nutrition Site Registration
MOWS	Meals on Wheels Substitutes	**CLUP**	Clean up