

**HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN  
 COMMUNITY SERVICE VOLUNTEER  
 TIME SHEET (REQUIRED)  
 NOTE: TO BE SUBMITTED EVERY MONTH**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name, address, contact person and telephone number of organization, agency or school	Name of volunteer position and/or description of economic self-sufficiency program	Description of work and/or activities	Month the work and/or activities were performed	Number of hours	Signature of authorized official from the organization, agency or school

See reverse for additional entries

I signify that I have performed the work and/or activities as indicated \_\_\_\_\_ Date \_\_\_\_\_

Signature

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Signature