



Volunteer Instructor Timesheet

Let's Go Fishing

Vermont Fish & Wildlife Department



Name: _____ Phone: _____

Clinic Location, (e.g., school, pond): _____ Town: _____

Date	# of Hours* Prep./Planning	Activity Description (e.g., basic clinic, derby, scout camp, GMCC activities)	# of Hours* Clinic/Event	Travel Time	Round Trip Mileage

When completed, please mail to:

Let's Go Fishing Program
 VT Fish & Wildlife Department
 636 Point of Pines Rd
 Castleton, VT 05735
 Phone: 802-265-2279

*Please calculate time to the nearest quarter-hour.

Total Hours: _____

Volunteer's Signature: _____ **Date:** _____

Education Manager's Signature: _____ **Date:** _____

(For Department Use)

20305-6120100000-51208-70025-AQED17
 20305-6120100000-51208-70015-AQED17

25%
 75%