

APPENDIX 12

VOLUNTEER TIME SHEET

NAME _____ YEAR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ SS# _____

ODWC CERTIFIED INSTRUCTOR? YES _____ NO _____

ARE YOU INTERESTED IN BECOMING CERTIFIED? YES _____ NO _____

Clinic Date(s): List specific clinic date(s).

Time: Time spent working at clinic with participants. Education and fishing together. (i.e. 9am - noon)

Location: Give complete name of location where clinic took place.

Preparation Hours: Include, but are not limited to, advertising clinic through posters, flyers, etc..., gathering materials, preparing or practicing lesson plans, finding a location and cleaning up after the clinic.

Travel Hours: Time spent driving to and from the clinic site. (Round trip time)

Clinic Hours: Time spent educating the students and actual fishing time.

Total Hours: Total of all hours from Preparation, Travel and Clinic Hours.

Ineligible Activities: All activities without educational component taught. (Cannot just hand out rods and go fishing.) Hours for state and federal personnel, while being paid with state and/or federal monies, are 'gnt kng'

If you have any questions about eligible activities, please contact F cplgnl tllhj at 405-; ; 2-; 975.

Clinic Date(s)	Time	Location of Clinic	Prep Hrs	Travel Hrs	Clinic Hrs	Total Hrs

I certify the hours listed above was volunteer time worked for eligible activities only. I have read and understand what hours are eligible and ineligible as mentioned in the Volunteer Handbook.

VOLUNTEER SIGNATURE

ODWC Approval _____ Date _____

AQUATIC EDUCATION COORDINATOR

RETURN TO:

**ODWC AQUATIC RESOURCES EDUCATION COORDINATOR
P O BOX 53465
OKLAHOMA CITY, OK 73152**

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