

Volunteer Time Record

Ambulance shifts/Transfers/Special Events



NAME: _____

Date	Number of hours on shift (6, 12, 18 or 24)	Ambulance (number of runs)	Describe Transfer/Special Event	Interfacility Transfer (number of hours)	Special Event (number of hours)	Crew Leader Signature

Instructions:

Use this form to record the following

- EMS shift hours & the number of runs while on shift.
- Special events hours (paid hourly).
- Interfacility & Airport Transfers (paid hourly).

Volunteer Signature: _____

Chief Signature: _____

*Due to the Admin Office the first day of each month for time recorded for the previous month
(e.g., April Time records will be due on May 1st.)*

