

## Volunteer Time Record

## **Ambulance shifts/Transfers/Special Events**



NAME: \_\_\_\_\_

**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.)

