	ncouraging Donated Volu	inteer Time	e Tracking		
	Iorth Dakota Ga	me and Fish	Department		
Event					
Type of Work			Work Location		
Volunteer Info	ormation				
Name					
Phone					
Date	Time In (h:mm AM/PM)	Time Out (h:mm AM/PM)	Total Daily Hours	Comments (optional)	
Signature					
Cooperator Si		ify that I was presen	t when the voluntee	r donated time and signed this form.)	
NDGF APPIOVI	ing Staff Signature				
To Be Compl	eted by the Project	Manager			
Total Time Do	nated				
	of Donated Time				
(Valued at \$28/ho	Donated Time				