



# COLLIN COUNTY

Collin County Health Care Services  
 825 N. McDonald St. Suite 130  
 McKinney, Texas 75069  
 www.collincountytx.gov

## Medical Reserve Corps Individual Volunteer Time Sheet

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Volunteer Name\*: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_ Date : \_\_\_/\_\_\_/\_\_\_

By my signature, I attest to the validity and accuracy of the time sheet submitted below.

Name of Event	Service Provided	Event Location (street address, city, state)	Date (mm/dd/yyyy)	Time In (A.M./P.M.)	Time Out (A.M./P.M.)
		_____ _____, ____	___/___/___	____:____ a.m. p.m.	____:____ a.m. p.m.
		_____ _____, ____	___/___/___	____:____ a.m. p.m.	____:____ a.m. p.m.
		_____ _____, ____	___/___/___	____:____ a.m. p.m.	____:____ a.m. p.m.
		_____ _____, ____	___/___/___	____:____ a.m. p.m.	____:____ a.m. p.m.
		_____ _____, ____	___/___/___	____:____ a.m. p.m.	____:____ a.m. p.m.
		_____ _____, ____	___/___/___	____:____ a.m. p.m.	____:____ a.m. p.m.

\*--(Collin County maintains a separate central file with each volunteer's demographics and related membership information.)