

VOLUNTEER SERVICE/IN-KIND MATCH VOUCHER

Project/Program Name: GRADD Hazard Mitigation Plan Update

Name of Volunteer: _____

Address: _____ County _____

Phone: _____ Mileage: _____

Community: _____ Title/Position: _____

We thank you for your voluntary service! You are a critical component of our Program. We value your service personally and monetarily as indicated below:

Date	Hours From - to	Total Hours	Service

Agency use only: Total Hours _____ @ _____ per hour* Total Value of Services \$ _____ Total Mileage _____ @ _____ per mile* Total Value of Mileage \$ _____ * Equivalent hourly rates and mileage were determined by: _____ Rates for comparable positions within the ADD _____ Rates for comparable positions within other local agencies _____ Minimum wage _____ State Guidelines _____ Other (please specify) _____
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 Volunteer's Signature

 Approved By

 Date

 Executive Director