

**The Literacy Council of Brantford & District**  
**173 Colborne Street, Brantford, Ontario, N3T 2G8**  
**Phone: 519-758-1664**  
**Fax: 519-758-9394**

**VOLUNTEER TIME SHEET**

Name of Tutor: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Level \_\_\_\_\_

For the month of \_\_\_\_\_

Date	Tutoring Hours	Prep. Time	Other (Explain)

**Please drop this form off at the office the last week of the month or call in your hours as soon as possible. You can leave a message at any time. Thank You!**

Did you work on the training plan? \_\_\_\_\_ Length of time spent \_\_\_\_\_

Did you work on a demonstration? \_\_\_\_\_ Code # \_\_\_\_\_

If your student completed a demonstration, please make sure you place it in their file.