

VOLUNTEER TIME & MILEAGE FORM

State Agency Name
Hunter Education Program

Location of Course: __
(Town in which course was taught)

Type of Course: __
(Basic, Bow, Muzzleloading, Map & Compass, Trapping, Waterfowl ID)

Name: _____
(Please print your name clearly!!!)

Region _____

Name of Master Instructor: __

Address: _____

Your Contribution to the Course: __
(If Basic course, be specific ie: Bowhunting Basics, Firearms and Ammunition, Hunter Ethics)

Date	Class No.	A. - Hrs. Admin.	B. - Hrs. Instruction	C. - Hrs. Travel	Add A + B + C	Miles Per. Date	Your Signature <i>Please sign each line</i>
Total Hours					◆		◆ Total Mileage

- A. Hours for administrative meetings, workshops, trainings, shows, planning or course preparation spent outside the classroom.
- B. Hours spent in the classroom (including set-up and break-down).
- C. Total hours spent traveling to and from activities (including time even if passenger).

Signature of Master Instructor: _____

Last Date of course: __

Signature of Agency Hunter Ed Staff: _____

Date: __