

**Henderson County Attorney Traffic Safety (CATS) Program  
Volunteer Timesheet**

**Dear Volunteer Supervisor(s):**

Thank you for accepting the CATS Program participant for two (2) hours of volunteering at your non-profit organization or church. In return for volunteering their time, we ask that you please complete this entire form so that the volunteer may receive credit for the CATS Program.

Sincerely,

**Steven R. Gold  
Henderson County Attorney**

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*(\* indicates required field)*

**\*Organization/Agency:** \_\_\_\_\_

**\*Supervisor's Name:** \_\_\_\_\_

**\*Contact Phone Number:** \_\_\_\_\_

**\*Date Volunteered:** \_\_\_\_\_

**\*Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*NUMBER OF HOURS VOLUNTEERED:** \_\_\_\_\_

**Supervisor's comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Is this organization a non-profit or religious organization under the Internal Revenue Code?** \_\_\_\_\_

**\*Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*Volunteer's Name:** \_\_\_\_\_