



**LEWIS AND CLARK COUNTY DETENTION CENTER  
IN PARTNERSHIP WITH  
CRIMINAL JUSTICE SERVICES DEPARTMENT  
EDUCATION AND TRANSITION PROGRAM**

**PROGRAMS VOLUNTEER TIMESHEET**

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**Volunteer Name:** \_\_\_\_\_

Date	Hours Worked	Program Type

**Please sign below and return to the Education and Transition Coordinator by the end of the quarter (end of March, June, September, and December).**

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