



Iowa Department of Natural Resources  
Archery in the Schools Program



**Volunteer Time and Mileage Tracking Sheet**

Every volunteer instructor is asked to complete this form for Archery in the Schools Program.

Please select the program for which these hours were completed: \_\_\_\_\_ Practice \_\_\_\_\_ Competition  
(Please use a separate form for Practice and Competition, additional forms can be found below).

Instructor  
Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ School \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Enter hours for each date in the following categories. The categories are explained below.

Date	Practice Preparation	Travel Time	Gym/Range Hours	Competition Hours	Clerical Hours	Total hours/day	Miles Traveled
<b>Totals</b>							

Enter hours to the nearest quarter hour (Example: 2.0 = 2 hours; 2.75 = 2 hours & 45 minutes)

The following is the description of categories for recording hours in the above table.

**PRACTICE PREPARATION:** Organizing practice, contacting instructors, paperwork. Writing lesson plans, making teaching aids. Includes set up and tear town.

**TRAVEL TIME:** Time spent traveling to pick-up/return equipment, practice locations, competition locations.

**GYM/RANGE HOURS:** Time spent on the practice range with students. **Needs to be separate of competition.**

**COMPETITION HOURS:** Time spent on range with students. **Needs to be separate from practice time.**

**CLERICAL HOURS:** Time spent on required online student registration.

**TOTAL HOURS/DAY:** Total of all hours (including travel time) for each date.

By signing and dating below, the volunteer instructor working the hours as well as the State Coordinator signature verifies that the hours and mileage recorded on this form were performed as a volunteer for Archery in the Schools as indicated at the top of the form. The signature further verifies that the volunteer instructor is NOT an employee of the State of Iowa.

Volunteer Instructor Signature \_\_\_\_\_ Date signed: \_\_\_\_\_

State Coordinator Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



