



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 Name: _____ Phone Number: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

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
Totals							

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 down.

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 from 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: _____

State Coordinator Signature: _____ Date: _____

Please mail to: Iowa DNR, Donise Petersen, 502 E 9th St, Des Moines IA 50319



Iowa Department of Natural Resources
Archery in the Schools Program
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PRACTICE FORM ONLY



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
(Please use a separate form for competition side of the program)

Instructor Name: _____ Phone Number: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

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

Date	Practice Preparation	Travel Time	Gym/Range Hours	Clerical Hours	Total Hours/Day	Miles Traveled
Totals						

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

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: _____

State Coordinator Signature: _____ Date: _____

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Iowa Department of Natural Resources
Archery in the Schools Program
Volunteer Time and Mileage Tracking Sheet
COMPETITION FORM



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: Competition
(Please use a separate form for practice side of the program)

Instructor Name: _____ Phone Number: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

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

Date	Competition Preparation	Travel Time	Competition Hours	Clerical Hours	Total Hours/Day	Miles Traveled
Totals						

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

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: _____

State Coordinator Signature: _____ Date: _____

Please mail to: Iowa DNR, Donise Petersen, 502 E 9th St, Des Moines IA 50319