

**Time and Effort Report  
Appalachian State University  
GEAR UP  
CONSULTANT VOLUNTEER FORM**

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

**SS#:** \_\_\_\_\_

**Activities/Functions Completed:**

**Location:** \_\_\_\_\_

**Date(s) of Activity:** \_\_\_\_\_

**Total Time Spent:** \_\_\_\_\_

**Estimated Value of Time:** \_\_\_\_\_

\_\_\_\_\_  
**Consultant Signature**

\_\_\_\_\_  
**Supervisor Signature**

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

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

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**Budget Code:** \_\_\_\_\_

**Project Year:** \_\_\_\_\_