Volunteer Sign In/Out Sheet

Name of Volunteer: _____ Month/Year: _____

Supervisor Signature: _____ E-Mail Address: _____

Program Name: _____

Please record your time of arrival and departure, volunteer activity and remember to sign each entry. Thank you for being an Early Learning Coalition Volunteer. Your time and services donated are greatly appreciated. Thank you for your cooperation. Please turn in this form by the 1st of every month! **Fax (850) 922-0075** (but must mail or drop off the original copy)

For Official Use Only

Date	Time In	Time Out	Volunteer Activity	Volunteer Signature	Total Amount of Time	Value of Total Time

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