

Volunteer, Intern, Guest Sign In and Out Log

Name (please print): _____ SCCOE Site: _____

Site Liaison (please print): _____ Site Liaison's Signature: _____

Volunteer purpose: Service Learning Parent Participation General Other _____

<i>Month/Day/Year</i>	<i>Time In</i>	<i>Time Out</i>	<i>Activity</i>
<i>EXAMPLE 04/25/06</i>	<i>EXAMPLE 1:00 p.m.</i>	<i>EXAMPLE 3:30 p.m.</i>	<i>EXAMPLE Read to children</i>

Comments (either site or volunteer): _____

**** SCCOE SITE: Please fax or email this sheet to Workforce and Organization Development Department on the last day of each month.***