

## HS/EHS VOLUNTEER SIGN IN INKIND SHEET

Please use a new form for each new event

Classroom/Area # \_\_\_\_\_

DATE: \_\_\_\_\_

Please check the corresponding box:

- Family Event   
  Classroom   
  Socialization   
  Field Trip   
  Parent Committee Meeting  
 Self-Assessment

Directions:

- All names **MUST** be **SIGNED IN INK** by Person contributing, one name per box
- Use 5 minute increments: 15 minutes minimum
- Use code in first column: P: Parent/Guardian F: Former Parent N: Non Parent
- The date column will need to be filled in for each day the volunteer was in the classroom
- Do NOT have professional volunteers sign this form

Code	Area/ Class	Date Mon/ Day	Adult Volunteer's Signature	Printed Name	Time	
					Hours	Minutes

Send original to Fiscal Officer at the end of each month or after each individual activity.

Staff Member's Signature for Approval \_\_\_\_\_

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