# IN KIND VOLUNTEER SERVICES SIGN IN SHEET

MONTH: ________ CENTER: ____________________________

* Begin new sheet(s) on the first of each month.

** Only one program (HS, EHS, HS Recomp or EHS CC) per sheet

CLASSROOM: __________________________________________

STAFF SIGNATURE: __________________________________________

<table>
<thead>
<tr>
<th>Check First Time Volunteer</th>
<th>PLEASE WRITE IN INK</th>
<th>PLEASE WRITE IN INK</th>
<th>Check One</th>
<th># of hours</th>
<th>Check How You Helped (must be completed)</th>
<th>Explain how you helped</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Date</td>
<td>Volunteer Signature (in ink)</td>
<td>Volunteer Print Name (in ink)</td>
<td>Check One</td>
<td># of hours</td>
<td>Check How You Helped (must be completed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL HOURS

# of First Time Volunteers

# of First Time Volunteers that are Current or Past HS Parents

Send Originals to PSESD at the end of each month. Keep copies for your records.

Revised 09/2016