

# STEP Up Program

## CONTINUOUS VOLUNTEER STAFF SIGN-IN/OUT SHEET

School/Business/Other \_\_\_\_\_ SITE \_\_\_\_\_

STAFF NAME: \_\_\_\_\_

(Print Clearly)

DATE		TIME IN	TIME OUT	SIGNATURE	Total Hours	Program Facilitator initials
Month	Day					
<b><u>Month End Total Hours for this VOLUNTEER</u></b>						

Page: \_\_\_\_\_ of \_\_\_\_\_ Total Pages for this site

\*\*\*Staple all pages for your VOLUNTEERS together before placing in the district mail. Thank you