Work Site Sign-in/Sign-out Record

**Event Name/#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your work today helps this community in two ways!** It will help individuals and families recover more quickly, and each hour you contribute can ALSO help the community financially. The value of your volunteer hours may be used to offset the State cost share/match for the Federal assistance. ***Thank you for volunteering today!***

**Please read before signing in:** I have received safety instructions for working at this site and agree to follow the safety procedures and the directions of the site supervisor.

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| --- | --- | --- | --- | --- | --- | --- |
| **Volunteer’s Name** | **Time In** | **Time Out** | **Time In** | **Time Out** | **Total Hours** | **Brief Description of Work (clear debris, tarp roofs, etc.)** |
| **Last** | **First** |
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