Richardson Independent School District

Community Outreach/Volunteer Services

Volunteer Sign-In Sheet

Month of_____ **Year**_____

School_____

Instructions: Each volunteer should sign In each time he/she volunteers, and show the total hours. ROUND ALL TIMES TO THE NEAREST QUARTER HOUR1 The coordinator or secretary will record the total hours at the bottom of the page.

DATE	NAME	VOLUNTEER JOB	TIME IN	TIME OUT	TOTAL HOURS

For Coordinator Use Only

Total # of Home Volunteers _____ **Total # of School Volunteers** _____ **Travel Time** _____ **Total Hours** _____