

Volunteer Sign-in Sheet

Event start time: _____

Event ended at: _____

PLEASE READ FIRST! By signing this form, you are acknowledging that you will adhere to the COVID-19 safety protocols posted by the event organizers and required by the project funders.



NAME

DATE

ADDRESS/ZIP CODE

Additional volunteers from the same household may sign in below:

NAME

DATE

NAME

DATE

NAME

DATE

NAME

DATE