Work Site Sign-in / Sign-out Record

_____County

Site_____ Date_____
Site Supervisor_____ Phone_____

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

Sign your name, times in & out, and the type of work you did today (e.g. cleanup, repair, sorting)

Volunteer's Name	Time In	Time Out	Time In	Time Out	Total Hours	Type of Work