Volunteer and Community Services
Student Sign-In Sheet For Individuals

NAME OF VOLUNTEER (S)	DATE	TIME IN	TIME OUT	HOURS	AGENCY	TYPE OF SERVICE ACTIVITY	AGENCY SUPERVISOR SIGNATURE
(Example) Jane Doe	9/2/06	4:00	7:00	3	CCRM (The Friendly Soup Kitchen)	Serving Dinner	S. L. Smith

Please maintain this log for your records and give a copy to Volunteer and Community Services, Williams Center, S126, at the end of each month. Contact: joyce.smith@fredonia.edu

Month of: _____ Total Number of Hours: _____