



**Volunteer & Community Services
Group Sign-in Sheet**

Student Organization: _____

Date of Service: _____ Population Served: _____ Money Raised: _____

Number Served by your group: _____ Agency Name: _____

Site Supervisor Signature: _____

NAME	TIME IN	TIME OUT	TOTAL HOURS	NAME	TIME IN	TIME OUT	TOTAL HOURS

Please submit this form after each service activity. Forms can be dropped off in the Williams Center, Campus Life/SA Office .

For any questions contact: Volunteer.Services@fredonia.edu