

ALIEF INDEPENDENT SCHOOL DISTRICT

EVENT SIGN-IN SHEET

EVENT: _____

SCHOOL: _____

DATE (MONTH/DAY/YEAR): _____

NAME OF VOLUNTEER	BADGE NUMBER	TIME IN	TIME OUT	*For Volunteer Coordinator Use Only*		*REQUIRED - NOTE TYPE OF VOLUNTEER SERVICE <small>(EX: Dance chaperone, Field Trip Chaperone, Orientation, etc.)</small>	Name of child(ren)/family members at this school	Grade(s)	Initials
				TOTAL TIME VOLUNTEERED					
				HOURS	MINUTES				