Work Site
Spontaneous Volunteer (Non-DR) Sign-in / Sign-out Record

Event Name / #_____ **City/County/State** _____

Work-Site Location (address) _____ **Date**_____ **Phone** _____

Organization/Agency _____**Site Supervisor**_____

Your work today helps this community in a few ways! It will help individuals and families recover more quickly, and each hour you contribute can ALSO help the community financially. The value of your volunteer hours may be used to offset the state cost share of the federal assistance. Additionally, your hours highlight the volunteer dollar value. ***Thank you for volunteering today!***

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

Volunteer's Name		Time In	Time Out	Total Hours	Brief Description of Work (Sheltering, feeding, clear debris etc.)
Last	First				