WASHITA VALLEY CAC HEAD START
VOLUNTEER SIGN IN SHEET

DESIGNATE MEETING TYPE _____TOPIC ?_____

This form to be used only for actual time spent at parentmeeting training, discussions, or participation in activities related to supporting specific curriculum or classroom goal, policy council, center planning meeting, community activity meeting etc. All policy council time is counted. Time on other business at parent meetings may not be counted.

CENTER _____ ROOM # _____

DATE _____ 20_____ **Signed _____**

ATTENDEES PRINTED NAME	SIGNATURE	PARENT/ GUARDIAN *(CHECK ONLY 1 BOX)*	COMMUNITY	FIRST YEAR VOLUNTEER? *(CHECK ONLY 1 BOX)*	2ND YR or more?	Total *HOURS*
TOTALS						

F4 revs'd 12/09