Santa Clara County Office of Education

Volunteer, Intern, Guest
Sign In and Out Log

Name *(please print):* _____ **SCCOE Site:** _____

Site Liaison *(please print):* _____ **Site Liaison's Signature:** _____

Volunteer purpose: ☐ **Service Learning** ☐ **Parent Participation** ☐ **General** ☐ **Other** _____

Month/Day/Year	***Time In***	***Time Out***	***Activity***
EXAMPLE *04/25/06*	*EXAMPLE* *1:00 p.m.*	*EXAMPLE* *3:30 p.m.*	*EXAMPLE* *Read to children*

Comments (either site or volunteer): _____

_____

**** SCCOE SITE: Please fax this sheet to the volunteer coordinator on the last day of each month***

Volunteer Coordinator

1290 Ridder Park, San Jose, CA 95131 M/S 221
Phone: (408) 453-6574 * Fax: (408) 453-6723 * email address: volunteer@sccoe.org * website address: www.sccoe.org