Duval County Public Schools

Volunteer Sign-In/Out

Volunteer Name: _____ Registered mentor? ☐

Child's Name_____ **Teacher Name:** _____

If student volunteer, please list school level and school name: ☐ Middle School ☐ High School School Name: _____

Please Check The Applicable Categories:

☐ **MALE** ☐ **FEMALE** **AGE:** ☐ **UNDER 21** ☐ **21 - 61** ☐ **62 + YEARS**

☐ Collegiate	☐ Faith-based Org. (list name on block for other)	☐ State Government	☐ Military
☐ Business	☐ Take Stock	☐ Boys & Girls Club	☐ HOSTS
☐ AmeriCorps	☐ Big Brothers/Sisters	☐ Parent	☐ RSVP
☐ Teacher Mentor	☐ Booster	☐ Foster Grandparent	☐ Junior Achievement
☐ Teen Trendsetter	☐ PTA/PTO	☐ Chaperone	☐ OTHER _____

Date	Work Area	Time IN	Time OUT	Volunteer Daily Total	PTA Daily Total	SAC Daily Total	Other

Monthly Total	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Volunteer												
PTA												
SAC												
Other												