Print Form

COUNTY OF SAN BERNARDINO
HEALTH & HUMAN SERVICES
VOLUNTEER INVOLVEMENT PROGRAM

SIGN-IN SHEET
(MONTHLY)

Volunteer/Unpaid Student Intern Name (Print)	Department

Date	Time In	Time Out	Total Hours	Supervisor Initials

Volunteer/Unpaid Student Intern Signature	Date

Supervisor Name (Print & Sign)	Telephone	Date

Note: Supervisor, forward sign-in sheet to the HS Volunteer Coordinator at the end of every month

0525-HS Personnel
Attn: Kathy Byrd, HS Volunteer Coordinator

Rev. 09/12/06