

VOLUNTEER DAILY LOG

NAME _____ PHONE _____ ID NUMBER _____

ADDRESS _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____

DATE	DEPARTMENT/LOCATION	VOLUNTEER ASSIGNMENT	TIME IN	TIME OUT
		ORIENTATION		
		SAFETY BRIEFING (DEPT)		
		TOTAL HOURS		

Supervisor's Signature _____ Date _____

Department Location Number _____