VOLUSIA COUNTY SCHOOLS

Youth Partnership Program Sign-In Sheet

(To be submitted to the school Youth Partnership Program Coordinator before the end of each semester.)

Student's Name: _____ Student ID : _____

Volunteer Site: _____ Year of Graduation: _____

Date	Activity	Arrival	Departure	Hours

Total Hours: _____

I VERIFY THE ABOVE HOURS ARE ACCURATE.

Student's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Site Designee/Representative's Signature: _____ **Date:** _____

YPP Coordinator Initials: _____ Recorded Date: _____