DOÑA ANA COUNTY HEAD START

Volunteer/Visitor Sign-In Log

(Includes Bus/Classroom & Field Trip Volunteers)

Center: _____

			Type of Visitor								Official Use Only		
Date:	**Printed Name (LEGIBLE)**	**Signature**	***Parent***	***Student Worker***	***Friend***	***FP/GP***	***FGP***	***DACHS STAFF***	**Time In**	**Time Out**	**Total Hours**	**Rate**	**Total**

Staff Signature: _____

Legend: Parent = Parent/Grandparent
Student
Friend = Friend of Head Start
FP/GP = Former Parent/Grandparent
FGP = Foster Grandparent
Head Start Staff

Please submit to Fiscal Specialist when complete.
Fiscal Specialist will submit a copy to Word Processing Spec. at end of each month.

Original Filed in In-Kind

Volunteer/ADM/3.04 6.05 4.06 8.07 3.08 6.08 6.13