

DOÑA ANA COUNTY HEAD START

Volunteer/Visitor Sign-In Log

(Includes Bus/Classroom & Field Trip Volunteers)

Center: _____

Date:	Print Name (PRINT CLEARLY)	Signature	Type of Visitor							Time In	Time Out	Official Use Only
			Parent	Student Worker	Friend	FP/GP	FGP	RSP	DACHS STAFF			Total Hours

Staff Signature: _____

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 6.19

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

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