



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's Alpha Code: _____
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: _____