VOLUNTEER LOG

DATE:_____ LOCATION:_____

PLEASE NOTE: All volunteers must complete the local **Disaster Volunteer Staff Registration** form once during every relief operation.
daily basis, please sign-in and out on this form.

Time In	Name	Email Address	Phone Number	1st day you have worked in this relief effort? (Y/N)	Identity Equipment Issued: Vest, Apron Name Tag

Enclosure 8

VOLUNTEER LOG

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On a

Time out