COMMODITY PROGRAM

VOLUNTEER SIGN-IN SHEET

Date: _____ **County:** _____

I certify that the information provided below is true and correct.

	Print Name	Address/Phone #	# of hours worked	Did you receive lunch offer by the Agency	Work activity	Signature of Volunteer
EX						
1						
2						
3						
4						
5						
6						
7						
8						
9						

10						

COMMODITY PROGRAM

Page _____

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10						
11						

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# of volunteers_____x $6.50 =$_____/

# of volunteer hours_____x $7.25 (min wage)=$_____

FOOD CHARGED AT:	Amount	Date

Staff Signature Date

Please send in with your receipts or cash register tape.

Filename: H: CSBG Shared/Revised Forms/Commodity Forms/Volunteer Sign-In Log