**XXXX Outreach Day Volunteer Check-In**

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| --- | --- | --- | --- |
| Name | Time In | Time Out | Job/Volunteer Position |
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\*If you do not already have on file could ask for phone number and/or emergency contact name and number in another column

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| --- | --- | --- | --- | --- |
| Name | Pre-registered? | | Emergency Contact | Contact Phone number |
| Yes? No? | |
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**XXXX Outreach Day Student Check-In**

\*If you do not already have on file could ask for phone number and/or emergency contact name and number in another column

**XXXX Outreach Day PEP Participant Sign In**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Pre-registered? | | Student Participating Also? | | Contact Phone number |
| Yes? No? | | Yes? No? | |
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