Volunteer Credits Recording Sheet

SKATER NAME:_____

Date	Sign-in Time	Sign-out Time	Volunteer Name (print)	Volunteer Position	Credits	Initials
					Total:	

Please have each volunteer spot initialed by a coach or board member at time of event.
(Number of credits will be verified by the Volunteer Coordinator).

Please hand in recording sheet when 10 credits are completed, by end of Winter term. Keep a copy for your records. Thank you for volunteering!