COMMUNITY LIVING
St. Catharines

*Inspiring Possibilities*
*For People with Intellectual Disabilities*

# Volunteer Sign-In & Hours Log

**Volunteers Name: _____for the Month of: _____**

**Dear Volunteer: Please submit to the Volunteer Services Coordinator by the last day of each month.**

| DATE | SITE | ACTIVITY | NOTES | START TIME | FINISH TIME | DAILY TOTAL |
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**Fax: 905-688-9926 –Attention: Volunteer Services Coordinator**