



80 Maiden Lane, 11th Floor
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learningleaders.org

Volunteer Sign-In Book

Year _____

School _____ District _____

Principal _____

Parent Coordinator/School Liaison

Learning Leaders Program Coordinator

This book will be regularly checked by Learning Leaders staff.
Please make this book accessible to all Learning Leaders volunteers.

**As per Learning Leaders Code of Conduct,
all volunteers must sign in each time they volunteer in the school.**



200__ - 200__ Volunteer Sign-In & Activity Log

Volunteer Name _____

Volunteer since _____ Start Date this school year _____

School _____ District _____

Volunteer Assignment:
 Days: _____ Hours: _____

Assigned Class / Teacher: _____ **Grade Level:** _____

Assigned Duties: *(check all that apply)*

Library Assistant
 In-Class Assistant
 Individual Tutor
 Other _____

Assigned Subjects: *(check all that apply)*

Science
 Social Studies
 Reading
 Math
 Writing
 ESL
 Other _____

Signature of School Liaison _____

Date	Volunteer's Signature	Time		Room	Activities / What did you do today?
		In	Out		

