

VOLUNTEER ATTENDANCE LOG

Please return this required form with your volunteer forms.

Please complete and submit one attendance sign in sheet for each facility.

STUDENT NAME

FACILITY

Date	Time in	Tine out	Total Time	OT Practitioner signature
TOTAL VOLUNTEER HOURS				

I certify that the student has completed the volunteer hours as indicated in the attendance record as shown.

OT Practitioner Name \_\_\_\_\_

Date \_\_\_\_\_

OT Practitioner Signature \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_

Facility Phone Number \_\_\_\_\_