



# DISTRESSED CHILDREN & INFANTS INTERNATIONAL

*Rights and Sight for Children*

## DCI VOLUNTEER HOURS LOG SHEET

Volunteer Name: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>Date</b>	<b>Work Description</b>	<b>Time In</b>	<b>Time Out</b>	<b>Total Hours</b>	<b>Initials</b> Volunteer/Supervisor

COMMENTS \_\_\_\_\_

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\_\_\_\_\_  
Signature of Volunteer Coordinator

\_\_\_\_\_  
Signature of Executive Director

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***www.distressedchildren.org***