



## **UCLA Health Sciences Volunteer Sign-In Sheet**

Full Name:	Please submi	t form via em	ail, fax, or in pe	erson to you				
(Please <b>PRINT</b> clearly!)	<pre>program coordinator: Clinical UCLA Health Sciences Email:</pre>							
Month/Year:	<u>CRV@mednet.ucla.edu</u> Non-Clinical UCLA Health Sciences Email: <u>NCV@mednet.ucla.edu</u>							
					<b>nstructions:</b> Please complete one Sign-In Sheet per MON Per policy: Do NOT include hours serviced BEFORE your concurs per day and no more than 20 hours per week.		e date. Hours	should only be
	Name of Department/Assignment:							
Service Performed (if applicable)	Date	Time In	Time Out	Total Hours				
	1	1	otal Hours					
			1					

## NOTE:

• Only missing hours within the past 3 months will be accepted, hours beyond this time will not be entered.

Supervisor's Name: \_\_\_\_\_\_Signature: \_\_\_\_\_

- When emailing the sheet, you can just copy your supervisor(s) to the email instead of obtaining the physical signature.
- Supervisors can only be a paid staff or your faculty supervisor (not a Volunteer or Student)