



VOLUNTEER SIGN-IN SHEET

DAY _____

DATE _____

GARDEN _____

VOLUNTEER NAME Print First & Last Name	First time in garden?	EMERGENCY Contact Name & Phone Number	GROUP Attending with?	Have you been in the military or do you currently live with someone who has?	TIME IN	TIME OUT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

TOTAL POUNDS HARVESTED _____

DISTRIBUTED TO _____



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