

Smart Start Team Meeting Sign-in Sheet

FY 2011-12



Region A Partnership for Children

_____ Date _____ County _____

_____ Team Leader Name _____ Team Leader Signature _____

_____ Start time _____ End time _____ # Hrs _____ # Volunteers _____ Total Hours _____ Hrly Rate 19.65 _____ Total Vol \$ _____

Please print clearly and sign:

The non-professional volunteer hourly rate as of 7/1/11 is \$19.65

	NAME AND SIGNATURE OF ALL ATTENDEES	AGENCY	EMAIL
1			
2			
3			
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12			
13			
14			
15			

NOTE Those NOT considered volunteers are Partnership staff and Direct Service Providers whose jobs are Partnership funded and are considered to be acting out of their job responsibility (except work outside of M-F 8-5p, i.e. Children's Fairs, etc.)