

Smart Start Team Meeting Sign-in Sheet

FY 2010-11



Region A Partnership for Children

_____ Date _____ County

_____ Team Leader Name _____ Team Leader Signature

					18.88	
Start time	End time	# Hrs	# Volunteers	Total Hours	Hrly Rate	Total Vol \$

Please print clearly and sign:

The non-professional volunteer hourly rate for 7/1/10 - 6/30/11 is \$18.88

	NAME AND SIGNATURE OF ALL ATTENDEES	AGENCY	EMAIL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
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.)