

# CARTERET COUNTY PUBLIC SCHOOLS STAFF DEVELOPMENT ROSTER

Course Title: Volunteer Training Facilitator: \_\_\_\_\_

Date of Training: \_\_\_\_\_ Location: \_\_\_\_\_

Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

## SIGN-IN SHEET

PRINT LEGAL NAME	SIGN / INITIAL NAME	ALL SCHOOLS YOU VOLUNTEER IN	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

This certifies the above people participated in the Volunteer Training mentioned above on the above date(s).

Signature of Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

Facilitator is to make two copies of the Volunteer Training Sign-In Roster:

- Send a copy of the roster to the Human Resource Office at Central Services.
- Facilitator should keep a copy of the roster for their records/school's records.