***911 Day of Service PARTICIPANT SIGN IN SHEET***

***Sign-In Sheet (First name, last name, student id, or some student identifier is needed.***

***9-11 Day of Service Goal: to serve Military, Veterans, Military Families and First Responders.***

***IMPORTANT By Sept 14- Return report forms to MN FCCLA via email (******wendy.ambrose@mnfccla.org******) or upload in survey.***

**Chapter or School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adviser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site location of service project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_ Time start:\_\_\_\_\_\_ Time end :\_\_\_\_\_\_**

**Purpose of project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did any elected officials or other VIPs attend?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did your project receive media coverage? \_\_\_\_\_\_\_\_\_\_\_\_ describe:**

**Did you post on social media? \_\_\_\_\_\_add social media handles:\_\_\_\_\_\_\_\_**

**Describe the results of your project: \_\_\_\_\_# items sent, # people served.**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Name (Please Print)\*Each participant must sign their own name\*** | **Age or grade** | **Time In** | **Time Out** | **Check if****Adult** | **Check if Student** |
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Use more pages if needed.