



VOLUNTEER EVENT ROSTER

DATE: _____
 DESCRIPTION: _____

START TIME: _____
 END TIME: _____

By my signature below, I certify that I served as a volunteer to DPfC for the hours as noted and did not receive compensation for my services. Name	Organization	Address	City/State/Zip	Phone #	Arrival Time	Departure Time	# Hours

By my signature below, I acknowledge receipt of the above-mentioned volunteer services.

Durham's Partnership for Children Employee