VOLUNTEER TIME CARD

(Please Print)

Last Name: _____ **First Name:** _____

Emergency Contact:

Name: _____

Phone # :_____

School Hours Required ☐

Staff Contact: _____

Computer Login Used: _____

Month/Day/ Year	Time In	Time Out	Total Hours	Activity	Staff Signature

Rev 4/3/15

CURTNER CENTER
750 CURTNER AVENUE
SAN JOSE, CA 95125
408.266.8866 (PHONE)
408.266.9042 (FAX)

BING CENTER
1051 BING STREET
SAN CARLOS, CA 94070
650.610.0800 (PHONE)
650.610.0808 (FAX)

CYPRESS CENTER
4001 NORTH FIRST STREET
SAN JOSE, CA 95134
408.266.8866 (PHONE)
408.266.9042 (FAX)