Volunteer Event Sign-In Sheet

Title of Event: _____

Date of the Event: _____ # of Event Attendees: _____

Please print clearly so we can correctly type your LOA. **All information** is needed for your LOA to be correct.

Rank	First Name	Last Name	Phone Number	E-Mail

*Please scan and email to mccsquanticosmp@usmc-mccs.org within 5 days of the event. The Single Marine Program would like to ensure all volunteers receive credit for their volunteer service within 10-15 business days of the event.

Name of Organization: _____ Phone # or Email Address: _____

Office Use Only: Entered Into Database_____ Emailed LOAs _____