Volunteer Hours Industrial Insurance Liability Form
Due by the First of Each Month
(Please Print)

S.C.O.P.E. Substation _____ **Volunteer Name** _____

Month _____ **Year** 2012

Date	Work Location	Office Work	Meetings	Abandoned Vehicle	Business Relations	Centennial Trail	C.E.R.T.	Community Service	C.O.P.	Court Monitoring	Disa lled Parking P	Graf i	Late Fingerprintin	Mall ffice	Neig oorhood Wat	O.F.	Paw	Rad Watch	School Patrol	Sheriff's Admin.	S.C.O.P.E. Main	Training	S.I.R.T. Misc.	S.I.R.T Callout	S.I.R.T. Standby	HOI RS	MIL S
	Totals																										

Total Miles	Total Hours
Minus Total S.I.R.T. Standby Hours	
Active S.C.O.P.E. Hours	

Signature

Revised January 2012