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

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

RSVP Yes X No ___ **Month of** **Year**

Reimburse ___ No X

On File Yes X No ___

Date	**Work Location**	**Office**	**Meetings**	Abandoned Vehicles	Business Patrol	Centennial Trail	C.E.R.T.	Community Service	C.O.P.	Court Monitor	Disabled Parking	Front Desk	Graffiti	Neighborhood Watch	O.F.I.D.	Pawn	Radar Reader Board	School Patrol	Training	Other	**S.I.R.T. Misc.**	**S.I.R.T Callout**	**S.I.R.T. Standby**	**Reserved/future use**	**HOURS**	**MILES**
TOTALS																										
												Total Miles							**Total Hours**							
												Minus Total S.I.R.T. Standby Hours														
												Active S.C.O.P.E. Hours														
Signature																										

Revised April 14, 2009