

**COLLEGE OF THE SISKIYOU
HUMAN RESOURCES
VOLUNTEER REGISTRY**

The volunteer(s) named below will serve in the following capacity:

DUTIES: _____

SCHEDULE:
Date(s) _____
Time(s) _____

LOCATION: _____

Supervisor

Date

Area Administrator

Date



VOLUNTEER(S)

_____	_____
_____	_____
_____	_____
_____	_____