



WARM CENTER Daily Sign-in Sheet



Date: _____ **AGENCY NAME:** _____

Hours Open _____

No. of Volunteers _____

NAME	AGE (CHECK ONE)	First Time Warm Center Visit	Zip Code
	<input type="checkbox"/> 2 and Under <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-18 <input type="checkbox"/> 19-54 <input type="checkbox"/> 55 and over <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> 2 and Under <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-18 <input type="checkbox"/> 19-54 <input type="checkbox"/> 55 and over <input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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