Volunteer Room Check List

Room Name: _____ Agency/Organization: _____

Room Coordinator: _____

Cell #: _____

Email: _____

Volunteers: Please write in the names of your volunteers and T-shirt sizes.
NOTE: Please write in **NEED in the blanks for any extra volunteers you need us to provide.

1st Shift: 5:15-7:30	T-Shirt Size:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2nd Shift: 7:15 – 9:30	T-Shirt Size:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Let us know what you're doing, (Games, Audio Visual, Consequences, etc.):

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What do you need?

- ❑ 8ft Tables: # _____
- ❑ Chairs: # _____
- ❑ Trashcan
- ❑ Poster board: # _____
- ❑ Audio Visual:
  - Description:

    _____
    _____
    _____
- ❑ Electricity?
  - Extension Cord?
- ❑ Sign Paper: Color: _____ Amount: _____

- ❑ Other: _____
- ❑ Other: _____
- ❑ Other: _____
- ❑ Other: _____
- ❑ Other: _____