

## YOUTH PROGRAM STAFF ATTENDANCE SHEET

Youth Program: \_\_\_\_\_

Location: \_\_\_\_\_

Name (First and Last, Printed)	Arrival/Sign-In	Departure/Sign-Out	Authorized?
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>

All adults who have Direct Contact as defined by WVU Board of Governor's Rule 1.7 must be authorized by completing a Title IX training, Child Abuse Prevention training and Federal Background Check at least once every 3 years. By checking the box on the right, you are verifying that you have completed these requirements and are an Authorized Adult.

The next page can be printed as many times as necessary for the amount of program staff.

Name (First and Last, Printed)	Arrival/Sign-In	Departure/Sign-Out	Authorized?
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>
	Date and Time: _____ Signature: _____	Date and Time: _____ Signature: _____	<input type="checkbox"/>