



# DOS CRESCENT FOUNDATION INC.

## SWAT PROGRAM

### VOLUNTEER LOG SHEET



<b>MEMBER NAME:</b> _____		<b>ADVISOR:</b> _____		
<b>Conduct a minimum of one (1) SWAT on-campus meeting per month between January 1 to May 30 for educating youth and planning activities</b>				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS
<b>Conduct at least two (2) on-campus activities between January 1 and May 30. At least one activity must be in accordance with the Kick Butts Day, Through with Chew Week, or World No Tobacco Day. Support and assist SWAT youth to conduct activities that educate and increase awareness of the issues amongst their peers about tobacco. Resources are available.</b>				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS
<b>Conduct at least one (1) activity that engages the school's SWAT club with the community</b>				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS
<b>Provide representation of SWAT youth or SWAT advisor at County Team SWAT meeting, County Team SWAT activity, Tobacco Free Coalition meeting, and/ or Tobacco Free Coalition activity</b>				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS

Once Completed Upload To <https://www.Stpetesigmas.Com/Dosswatclub>. Activities Will Be Verified

\_\_\_\_\_ Volunteer Hours Were Completed During The 2nd Quarter of activities

\_\_\_\_\_ Advisor Signature \_\_\_\_\_ Date Verified