



DOS CRESCENT FOUNDATION INC.

SWAT PROGRAM

VOLUNTEER LOG SHEET



MEMBER NAME: _____		ADVISOR: _____		
Conduct at least one (1) recruitment activity				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS
Conduct at least two (2) on-campus activities between September 1 and December 22. At least one activity must be in accordance with the Great American Smoke Out. Support and assist SWAT youth to conduct activities that educate and increase awareness of the issues amongst their peers about tobacco. Resources are available.				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS
Conduct a minimum of one (1) SWAT on-campus meeting per month between September 1 and December 22 for educating youth and planning activities.				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS
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				
LOCATION	TYPE OF ACTIVITY	EVENT DATE	EVENT TIME	# OF VOLUNTEER HOURS
Conduct annual elections				
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 1st Quarter of activities

_____ Advisor Signature _____ Date Verified