

SHORT-TERM (24-HOUR) COVERAGE

LIST OF STUDENTS / PARENT VOLUNTEERS AND OTHER YOUTH PARTICIPANTS / STAFF

Please provide names below. If necessary, please make copies and attach separately.

Name of School _____

Name and location of activity _____

Starting date _____

Ending Date _____

Students

| # | Last Name | First Name | | # | Last Name | First Name |
|-----|-----------|------------|--|-----|-----------|------------|
| 1. | | | | 26. | | |
| 2. | | | | 27. | | |
| 3. | | | | 28. | | |
| 4. | | | | 29. | | |
| 5. | | | | 30. | | |
| 6. | | | | 31. | | |
| 7. | | | | 32. | | |
| 8. | | | | 33. | | |
| 9. | | | | 34. | | |
| 10. | | | | 35. | | |
| 11. | | | | 36. | | |
| 12. | | | | 37. | | |
| 13. | | | | 38. | | |
| 14. | | | | 39. | | |
| 15. | | | | 40. | | |
| 16. | | | | 41. | | |
| 17. | | | | 42. | | |
| 18. | | | | 43. | | |
| 19. | | | | 44. | | |
| 20. | | | | 45. | | |
| 21. | | | | 46. | | |
| 22. | | | | 47. | | |
| 23. | | | | 48. | | |
| 24. | | | | 49. | | |
| 25. | | | | 50. | | |

Parent Volunteers and Other Youth Participants

| Last Name | First Name |
|-----------|------------|
| | |
| | |
| | |

Staff

| Last Name | First Name |
|-----------|------------|
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