|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **臺中市政府衛生局社區整體照顧服務體系計畫C據點長照站**  (單位名稱)志工簽到表 | | | | | | | | | | |  |
| **志工編號：** | |  | |  | **志工姓名：** | | | | |  | |  |
| 序次 | 服務日期  (年/月/日) | | 簽 到 | | | 開始時間 | 結束時間 | 統計 時數  (H) | 供餐 | | 備註 | |
|  |  | |  | | |  |  |  | □有  □無 | |  | |
|  |  | |  | | |  |  |  | □有  □無 | |  | |
|  |  | |  | | |  |  |  | □有  □無 | |  | |
|  |  | |  | | |  |  |  | □有  □無 | |  | |
|  |  | |  | | |  |  |  | □有  □無 | | 【不敷使用，請自行影印】 | |