Athletic Training Volunteer Hours					
5 hours red	quired each se	mester for all	Sports Med Stud	dents	
Hours Logged					
Date	Time in	Time out	Total hours	Sport/Location	Supervisor Initials
Ot					
Student Tr	ainer Name				
Student Trainer Signature					Date:
O	Ciamature				Dete
Supervisor Signature					Date: