台中市樂活藥師志工隊 簽到表

申請單位：

活動名稱：

活動地點：

活動日期：

活動時間：

活動內容：

參加人員：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 志工編號 | 姓 名 | 簽 到 | 簽到時間 | 簽 退 | 簽退時間 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

時數核簽：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_