## Emergency Shelter Log clinical equivalency verification

Please present to American RedCross RN or Physician Clinical lead for signing upon conclusion of your volunteer shift.

| Student Name: | Clinical Instructor: |
|---------------|----------------------|

| DATE | SHELTER NAME or LOCATION | TIME IN / TIME OUT | Verification Signature |
|------|--------------------------|--------------------|------------------------|
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |
|      |                          |                    |                        |