**FUNfitness Clinical Volunteer Sign-In Sheet**

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| **Name** | **Phone #** | **Email Address** | **Clinical Background***(PT/PTA/SPT/SPTA)* | **Licensure** | **AM Shift** | **PM Shift** |
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**FUNfitness General Volunteer Sign-In Sheet**

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| **Name** | **Phone #** | **Email Address** | **AM Shift** | **PM Shift** |
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