

Texas Teens in the Driver Seat® All-Stars Sign-In Sheet & Verification Letter



Campus Name: _____

Event/Activity Name: _____

Date: _____ Start time: _____ End time: _____

| Student Signature: | Classification |
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Campus Name: _____

To whom it may concern,

The attached activity forms, submitted by the TDS Sponsor/Advisor, are accurate and complete. I confirm that all volunteer hours submitted to Teens in the Driver Seat® are true and accurate to the best of my knowledge. I also acknowledge that all the volunteer hours can count toward federal in-kind match dollars, at its current rate per hour, per person (which includes both students and adult volunteers).

| Name / Title | Date |
|--------------|------|
|--------------|------|

Please let us know on the **Activity Form** what role(s) you and the teens played in conducting this activity such as helped in executing the activity, participated in planning the activity, participated in presenting a safety session to peers or creating safety messages/ videos/ post etc.