



## CHAPTER TWO

# CHECK IN STATION SETUP AND PROCESS



## **FOR INITIAL TEST DAY**

1. Student signs in
2. Volunteer checks that application is signed by both the student and a parent.\*
3. Volunteer legibly fills out Step 1 on bottom of application if not done already done so
4. Volunteer hands student their application
5. Volunteer directs student to computer station

\*Student **MUST** have both signatures on their application before leaving the Check-In Station. If there is no parent signature, the Coordinator must call a parent and obtain verbal permission, indicating that with their signature and the date. Schools hold liability if an issue arises with lack of parent signature.

## **FOR RANDOM TEST DAY**

1. Student signs in
2. Volunteer fills out Step 1 of test form
3. Direct student to restroom

Supplies needed for station: box of pens

# Give these sign-in sheets to the volunteer overseeing the check in station

Students sign in with name and time of arrival

It's good to see you! Please sign in...		Drug Free Club	School	Date
#	First Name	Last Name	Arrival Time	
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## Make copies as needed

**Students sign in with name and time of arrival**

It's good to see you! Please sign in...		Drug Free Clubs OF AMERICA 	School	Date
#	First Name	Last Name	Arrival Time	
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### **FOR INITIAL TEST DAY**

1. Student signs in
2. Volunteer checks that application is signed by both the student, and a signature from parent\*
3. Volunteer legibly fills out Step 1 on bottom of application if not done already done so
4. Volunteer hands student their application
5. Volunteer directs student to computer station

\*Student **MUST** have both signatures on their application before leaving the Check In Station-if no parent signature, coordinator must call parent and obtain verbal permission, indicating that with their signature and the date

### **FOR RANDOM TEST DAY**

1. Student signs in
2. Volunteer fills out Step 1 of test form
3. Direct student to restroom

**Thank you for believing in the power of this effort and for taking action to make it happen today! You are truly making a difference!**

It's good to see you! Please sign in...		Drug Free Clubs OF AMERICA 	School _____	Date _____
#	First Name	Last Name	Arrival Time	
1				
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Today's Test Day Helpers (print names):