

VOLUNTEER SIGN IN REGISTER

Activity: _____

Resolved at Committee Meeting held on (DD/MM/YY) Location: _____

Volunteers Name	Sign on Time	Signature	Date of Induction	Protective Equipment Issued	Protective Equipment Returned	Sign off time	Signature
Description of duties							
Volunteers Name	Sign on Time	Signature	Date of Induction	Protective Equipment Issued	Protective Equipment Returned	Sign off time	Signature
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Secretary

(Print name)

Signature

Date

____/____/____