**Volunteer Sign On / Off Register**



**Community Committee of Council Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note**: By signing on for duty, members and volunteers have assessed themselves and the task, and they confirm that they are aware of the risks and demands of the specific task they are to undertake and that they are willing, fit and able to do so.

All tasks / activities / functions performed need to be done in accordance with the stipulations and provisions as laid out in the Community Committees of Council Manual. **This register and indemnification of Council must be kept by Council for future reference.**

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| **Name (print)** | **Date** | **Time on** | **Duty to perform** | **Time off** | **Comments** | **Signed off by Committee member** |
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