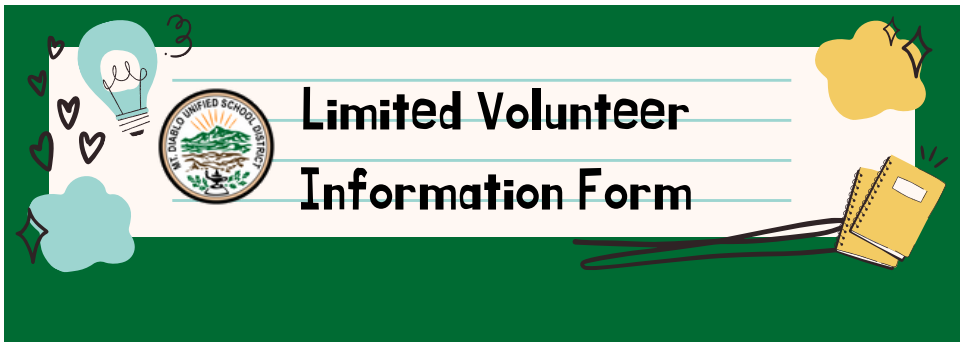


To be completed at each site visit

Site Name: _____

Date of Visit: _____

Time In: _____ **Time Out:** _____

Volunteer Information

Full Name: _____

Phone Number: _____

Email Address: _____

Purpose of Visit / Volunteer Activities

Please briefly describe the reason for your visit or the tasks you will be performing.

Health & Safety Acknowledgement

□ I confirm that I have received and understood the safety protocols for this site.
□ I agree to follow all site rules and directions provided by staff.
□ I have no known health conditions that would impair my ability to volunteer safely today.

Confidentiality Agreement (if applicable)

□ I understand that I may come into contact with sensitive information during my visit and agree to keep all such information confidential.

Volunteer Signature: _____ **Date:** _____

Staff Use Only

Site Admin/Office Staff Name: _____

Site Admin Megan's Law Screening: (Cleared? Yes/No)_____

Signature: _____ **Date:** _____