LIMITED VOLUNTEER
INFORMATION FORM

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: _____

Signature: _____ **Date:** _____