



Volunteer Group Sign-in

Volunteer Group: _____

Date: _____

Activity: _____

TEAM LEAD NAME	EMERGENCY CONTACT	Arrival Time	Depart Time	Hours Worked
NAME				

Number of People: _____

Total Hours: _____

TEAM LEAD VOLUNTEER IS RESPONSIBLE FOR GATHERING EMERGENCY CONTACT INFORMATION FROM ALL VOLUNTEERS IN THEIR GROUP. TO BE PROVIDED TO THE AIRDRIE FOOD BANK ON DATE OF VOLUNTEERING. TEAM LEAD, IN CONJUNCTION, WITH AIRDRIE FOOD BANK STAFF/VOLUNTEER WILL BE REPONSIBLE FOR ENSURING ALL VOLUNTEERS FOLLOW SAFETY PROCEDURES.