



PROJECT SITE VISIT REPORT
Day of Caring 2010

**Must complete and return with waivers when picking up T-shirts
prior to Day of Caring**

Team Leader Name: _____

Company: _____

of Team Members: _____

Host Agency: _____

Agency Project Representative: _____

Date of Visit: _____

We have met and reviewed project and risk plans and indicate by our signatures below that we are comfortable with the project plans and the opportunity volunteers will have to participate in a well-organized, successful project.

Signature of Company Team Leader **Date**

Signature of Host Agency Project Representative **Date**

My team members have been informed of all pertinent information especially regarding attire and safety precautions and they are aware of plans in case of bad weather.

I understand that I am responsible to have copies of waivers with emergency contact information at the project site on Day of Caring for each team member, extra copies of waivers in case of substitutions and copy of accident/incident report form.

Team Leader Initials **Date**