

DAY OF CARING PROJECT SITE VISIT REPORT



Return completed form when picking up T-shirts before 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 Volunteer 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

THANK YOU FOR SERVING AS A DAY OF CARING TEAM LEADER