Off Grounds 1-1 Volunteer Event Record

(Initiated by Volunteer - Completed/ Forwarded by Residential Coordinator/ designate)

Volunteer:	
Date of Event:	<u></u>
Time of Event:	Total hours:
Area of Involvement:	
Resident Participant:	<u> </u>
Brief Description of Event:	
Transportation Arrangements:	Centre supplied
Transportation mirangements.	Cab Company
	Handivan Service
Meal Arrangements/Specific Needs	
Necessary Items to Accompany Res	sident during Event
Goal met by the outing/activity:	
Volunteer Registered ? ves	no, need to contact Vol. Services
Current in First Aid?yes	no
Transportation Arranged?	
RC/NIC Approval	
Date	
Form to be received at Volunteer S Date Received	ervices prior to event.