



## COFFS HARBOUR REGIONAL LANDCARE INC.

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## MEMBERS' VOLUNTARY WORK RECORD

Worksite, Group or Individual: \_\_\_\_\_

Place: \_\_\_\_\_

Project Description: \_\_\_\_\_

The table below is a timesheet that must be completed by each volunteer as a requirement for insurance coverage. It also helps you keep track of you and your group's progress and will help us meet our reporting requirements. Please return this sheet to our office on a quarterly basis in person, at our meetings, or using the stamped addressed envelope provided.

DATE	PRINTED NAME	SIGNATURE	TIME		TOTAL HOURS WORKED	WORK UNDERTAKEN (E.g. Manual weeding, chemical weeding, revegetation - no. & type of plants, mulching, watering, meetings/planning, training)
			Start	Finish		

