



**TEMPLATE: ATTENDANCE REGISTER**  
*(Insert organisation name and logo)*

Please sign in and out each time you volunteer for (insert organization name). It is a legal requirement for insurance cover, Work Health and Safety.

LOCATION:.....

DATE	NAME	START TIME	FINISH TIME	HOURS	DESCRIPTION OF WORK	SIGNATURE OF VOLUNTEER	SIGNATURE OF VOLUNTEER SUPERVISOR

Date Developed \_\_\_\_\_ Signed \_\_\_\_\_

The Centre for Volunteering has a range of services and resources available for Volunteer Involving Organisations and volunteers. For more information please visit [www.volunteering.com.au](http://www.volunteering.com.au) or contact us on 02 9261 3600.

