



District Council of Loxton Waikerie Volunteer Activity / Timesheet

Month of _____ Year _____

Loxton Public Library

Loxton Tree Carer Program

Loxton Rose Carer Program

Loxton Christmas Lights

Waikerie Public Library

The Pines

Date	Volunteer's Name	Time Arrived	Time Departed	Total Hours	Activity - type of duty or task (Please refer to Job Description title or training completed)	Comments Remember to record any accidents/ incidents and near misses using the appropriate WHS procedures
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This form must be filled out each time volunteers are present **Total Hours:** _____

Signed by Manager/Supervisor before handing back to Council



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