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|  | **Working Bee Attendance Record** |
| **This form must be completed for all working bees authorised and under the control of *WILDCARE* Inc, undertaken independently from any partner Agency.** When a project is authorised and overseen by a partner Agency (e.g.; Parks and Wildlife Service) members should complete the forms and processes provided by the partner Agency. **NOTE:** Ensure all participants have been briefed on Work Health and Safety prior to commencement of activity; including Emergency Response Plan, Minimum Safety Guide/s, Hazard Identification and completing a Medical Disclosure Form (please see the **Briefing Volunteers** document for further information on what should be covered in a project/activity briefing)  |
| **Wildcare Branch:** |
| **Project name and Location:** |
| **Project date:** | **Start time:** | **Finish time:** |
| **Participant’s name** | **Participant’s Phone Number** | **Emergency contact (name and phone number)** | **Start time** | **Finish time** | **Hours** |
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|  | **Total hours** |
| **Please forward a copy of the completed form(s) to the *WILDCARE Inc* Office after the event.** **GPO Box 1751 Hobart 7001 Tasmania or office@wildcaretas.org.au** |