



Task Team Hours Worked & Briefing Acceptance Record

Hours Worked recorded on this form can assist funding applications for the restoration project

Phase	Task	Location & Postcode	Day & Date	On Site Supervisor
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My signature below confirms the following:

- ◆ I have received the Cotswold Canals Trust Volunteers Induction Briefing
- ◆ If, when it is presented to me, I do not understand the risk assessment I shall question it and, when satisfied, agree to abide by its recommendations and requirements
- ◆ I have no reason, on the grounds of health and / or experience, not to undertake the task allocated to me

Name	Signature	Time In	Time Out	Total Travel Time	Hours Worked	Skill Code
1						
2						
3						
4						
5						
6						
7						
8						

When more than eight volunteers are involved continue overleaf for signatures & totals

Total Number of volunteers on task		Date this form Sent to Admin. Office		Totals of Hours Worked	
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Task Manager's Signature					
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Name	Signature	Time In	Time Out	Total Travel Time	Hours Worked	Skill Code
9						
10						
11						
12						
13						
14						
15						
16						

Total Number of volunteers on task		Date this form Sent to Admin. Office		Totals of Hours Worked	
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Task Manager's Signature		R	C	P
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