

TASK REGISTRATION FORM

Task Number: _____ RCC/RCMP/BCAS File Number: _____ Local Authority: CVRD

Region: VIR Task Description : _____ Date: _____

Name	Address	Next of Kin Name & Tel #	Signature	Time In	Time Out

I certify that the people listed above attended this task:

Task Leader Name: _____ Signature: _____ Date: _____ Page: ____ of: ____
(print)

For CVRD Use Only:
 No. of Volunteers X No. of Hours = Total Volunteer Hours
 _____ X _____ = _____