

STANDBY SHEET

Date _____ Start Time _____ Ending Time _____

Nature of Activity

(Please use back of form to specify what you did and if pre-approved)

<input type="checkbox"/> STANDBY (<i>Specify Department or Type</i>)
<input type="checkbox"/> Other (Specify)

Shield	Name	Signature	Time In	Time Out	

Number of Members in Attendance _____ Name of Activity Leader _____

Signature of Activity Leader _____

Comments _____

Pre-approved By	Reviewed By Chief/ Assistant Chief	DATE

MEMBERS ARE REQUIRED TO MAINTAIN A COPY OF THIS COMPLETED FORM FOR THEIR RECORDS