

# Poseidon Lifesaving Club

## Volunteer 6-Week Review Form

---

**Volunteer Name:** \_\_\_\_\_

Club Induction Completed: Yes \_\_\_\_\_ Comments: \_\_\_\_\_

Required Training Completed: Yes \_\_\_\_\_ Comments: \_\_\_\_\_

Future Training Planned: Yes \_\_\_\_\_ Comments: \_\_\_\_\_

Additional Support Needs Identified: Yes \_\_\_\_\_ Comments: \_\_\_\_\_

**Signed by Volunteer:** \_\_\_\_\_

**Signed by Committee Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_