

	University of Life Sciences "King Mihai I" from Timisoara	BODY issuer Department of Quality Management
CODE USVT R089-F03.2.	Regulations for the implementation of the program "Volunteering in academic development activity" (VADA)	edition 2/Revision 0

Appendix 3.2.

**VOLUNTEER PROTECTION SHEET
 -COLLECTIVE TRAINING TO-
 regarding safety and health at work in voluntary activities**

In accordance with Art. 82 of GD no. 1,425 of October 11, 2006 for the approval of the Methodological Norms for the application of the provisions of the Law on Safety and Health at Work no. 319/2006

Regarding health and safety at work/volunteer activity drawn up today,(date), in (locality, county).

Undersigned, having the position of volunteer coordinator, I proceeded to train a number of volunteers according to the nominal table, in the field of safety and health at work, for voluntary work in volunteering activities carried out within in day/period

During the training, materials were processed regarding:

- the risks of occupational injury or illness to which the volunteers may be exposed during the deployment the respective voluntary activity ;
- technical -organizational measures to prevent the risks of occupational injury and illness, specific to the field of activity of the host organization .

This training sheet will be kept at (name, surname of group manager/volunteer coordinator)

Verificat,

Signature Volunteer Coordinator

.....

.....

Date of training _____

Place of training _____

	University of Life Sciences "King Mihai I" from Timisoara	BODY issuer Department of Quality Management
CODE USVT R089-F03.2.	Regulations for the implementation of the program "Volunteering in academic development activity" (VADA)	edition 2/Revision 0

NOMINAL TABLE

With the volunteers participating in the training

We, the undersigned, have been trained and have become aware of the materials processed and recorded in the collective training sheet regarding safety and health at work in the volunteer activity and we undertake to comply with them exactly.

Processed materials: _____

No.	First name	Name	CI / CNP	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Name and surname of the person who received a copy _____

Signature _____

Note:

The form is completed in 2 copies