

MEDFORD VOLUNTEER AMBULANCE, INC. COMMITTEE REPORT FORM

Date _____

Starting Time _____ Ending Time _____

Committee _____

1. Meetings should be held at a designated place, unless otherwise called by chairperson.
2. Post monthly meetings.
3. All members must be active on a committee to remain in good standing

MONTHLY REPORT:

FINANCIAL REPORT:

COMMITTEE MEMBERS	SHIELD #	COMMITTEE MEMBERS	SHIELD #
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

SIGNATURE CHAIRPERSON

Time date stamp required for LOSAP

