



# SHELTER CARE TAKER REPORT

Please fill out and return this form to your Area Supervisor



To complete this form *electronically*, enter your biographic information in the appropriate shaded fields. Press the **TAB** key to move to the next field. Next, enter the appropriate response for the shelter maintenance. Use your space bar to check Yes/No in the table below. When you are finished, click file, *Save AS*, and rename the file with your name. You can either email this form to your supervisor or print the form and mail it.

**Shelter Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Reporting Period** \_\_\_\_\_ to \_\_\_\_\_

<b>Problem</b>	<b>No</b>	<b>Yes</b>	<b>Description of Problem (continue on back)</b>
Motorized Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input type="checkbox"/>	
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	
Outhouse	<input type="checkbox"/>	<input type="checkbox"/>	
Litter	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	
Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Overflow Sites	<input type="checkbox"/>	<input type="checkbox"/>	
Other?			

<b>Total hours worked</b>	<b>Total Travel Time</b>	<b>Driving</b>	<b>Walking</b>	<b>Number of Visits</b>	<b>Number of volunteers</b>

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

**Phone Number [Home]** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number [Work]** (\_\_\_\_) \_\_\_\_\_

**City:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

***Please inform your area supervisor promptly for all major problems. Call police immediately for any dangerous or suspicious situations***

This form is available electronically on our web site at: [www.nynjtc.org](http://www.nynjtc.org)