

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

Received:	Documentation Needed:
<input type="checkbox"/>	1. Volunteer Information Form
<input type="checkbox"/>	2. Copy of Dental License
<input type="checkbox"/>	3. Copy of Driver's License
<input type="checkbox"/>	4. CPR Certification
<input type="checkbox"/>	5. Volunteer Handbook Acknowledgement
<input type="checkbox"/>	6. Child/Elder Abuse & Neglect Reporting Acknowledgement
<input type="checkbox"/>	7. Audio/Visual Sign Off
<input type="checkbox"/>	8. Background Check