

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. Malpractice Insurance
<input type="checkbox"/>	6. Drug Enforcement Administration Card
<input type="checkbox"/>	7. Medical Clearance Letter – (Vaccinations: Hepatitis B and TB)
<input type="checkbox"/>	8. Volunteer Handbook Acknowledgement
<input type="checkbox"/>	9. Child/Elder Abuse & Neglect Reporting Acknowledgement
<input type="checkbox"/>	10. Audio/Visual Sign Off
<input type="checkbox"/>	11. Check List of Trainings – To be Scheduled
<input type="checkbox"/>	12. Background Check