

Volunteer Checklist

Name: _____ Date : _____

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|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Volunteer application |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Approval to volunteer signed by Superintendent |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Driver's License/Photo ID |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social Security Card |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emergency Contact Form |
| | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nurse Aid Registry |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Abuser Registry |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Office of Inspector General Search |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | System of Award Management Search |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Department of Rehab and Correction Search |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sex Offender Search (icrime watch) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | BCII and FBI |
| | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | OSHA/Bloodborne Pathogen training (online) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | MUI Definitions and Report Requirements (online) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bill of Rights |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Confidentiality statement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Abuser Registry Annual Notice |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Informed Consent/Refusal for Hepatitis B Vaccination |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emergency Plan Acknowledgement Form |

Signature

Date