



39741

Complete this form:
- For each volunteer's initial training



Volunteer Training (Initial)

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1. Date of Session: []/[]/[] Start Time (24 hr clock) []:[]

Trainer Acrostic: [][][]

2. a) Class Type: [] b) Training Course Used: [] c) Materials Used: []

3. Class Information: # of Trainers [] # of Total Trainees [] # of Auditors []

short12 Was class streamlined/shortened due to advanced competency of volunteers? []

4. Training Outcome: Volunteer ID: [] Acrostic: [] Passed [] Passed/needed extra help [] Failed []

Table with 8 rows for training outcomes, columns for Volunteer ID, Acrostic, Passed, Passed/needed extra help, Failed, and Travel Time.

code12 [][] For CTC Use Only [] Yes [] No

Signature of Coordinator or Trainer
Mail or FAX 1-888-437-4767

Code Number (if Coordinator)