

REQUIRED PAPERWORK

Coversheet and Acknowledgement Form Return to Service Acknowledgement Form

Volunteer Agreement Form

Elder Abuse Form Domestic Abuse Form Child Abuse Form

HIPAA Training Certificate Number _____ Date Completed _____

CI-CARE Annual Online Training Certificate Number _____

Safe Patient Handling Training Certificate Number _____

Volunteer Services Training Certificate Number _____

Radiation Safety Training Certificate Number _____

COVID Training Certificate Number _____

Volunteer (Duties) Description Volunteer Workers Compensation Coverage

Medical Clearance form (ONLY For student who are under 18 years old)

TB – Tuberculosis (Write the date)

TB Skin Test Date Given: _____

T-Spot blood test or Quanti-FERON-TB Gold Date Read: _____

Chest X-ray Date Read: _____

Measles, Mumps, & Rubella

MMR #1 Date Given: _____ & MMR#2 Date Given: _____

OR MMR Titer Date Read: _____

Varicella

Varicella #1 Date Given: _____ & Varicella #2 Date Given: _____

OR Varicella Titer Date Read: _____

COVID Vaccine

Pfizer-BioNTech (mRNA) Dose #1: _____ Dose #2: _____

Moderna (mRNA) #1 Dose: _____ #2 Dose: _____

Johnson & Johnson (Viral Vector) Date Given: _____

Flu Vaccination

Flu Vaccine (Current Year) Date Given: _____

Reviewed by Volunteer Coordinator: _____