



# Volunteer Certification Record

Comments

Name \_\_\_\_\_

County \_\_\_\_\_

Bilingual? *(Please list specific languages in addition to English)* \_\_\_\_\_

**I. Application Process** *(Date submitted / date completed):*

- A. **SHIBA Volunteer Application** \_\_\_\_\_ / \_\_\_\_\_
- B. **Liability Forms** \_\_\_\_\_ / \_\_\_\_\_
- C. **Background Check form** \_\_\_\_\_ / \_\_\_\_\_
- D. **Confidentiality**
  - 1. Conflict of Interest \_\_\_\_\_ / \_\_\_\_\_
  - 2. Unique ID \_\_\_\_\_ / \_\_\_\_\_
- E. **New Member Team form** \_\_\_\_\_ / \_\_\_\_\_
- F. **Local Use** \_\_\_\_\_ / \_\_\_\_\_

**II. Training:** *(Additional training history can be tracked on the back)*

**A. Self Study/On-line quizzes:**

- 1. Core Trainings  
\_\_\_\_\_ 1 \_\_\_\_\_ 3 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11
- 2. Intermediate Trainings  
\_\_\_\_\_ 5 \_\_\_\_\_ 7 \_\_\_\_\_ 13 \_\_\_\_\_ LTC Ins
- 3. Advanced Trainings  
\_\_\_\_\_ 2 \_\_\_\_\_ 6 \_\_\_\_\_ 12

**B. Training Event Attendance Record (location/dates):**

- 1. New Volunteer Training(s) \_\_\_\_\_
- 2. SMP Fraud Training(s) \_\_\_\_\_
- 3. CMS Training(s) \_\_\_\_\_
- 4. Local SHIBA Meetings *(dates, times and attendance at regularly scheduled meetings may be kept in a separate record)* \_\_\_\_\_
- 5. Other (list type of training activity and time spent) \_\_\_\_\_  
\_\_\_\_\_

**C. Internship** *(list individually each date, time & mentor, additional on back):*

Date	Time (hrs)	Mentor Name/ Counselor who took lead

**C. Internship cont. (list individually each date, time & mentor):**

Date	Time (hrs)	Mentor Name/ Counselor who took lead

**III. Name Badge and Certificate of Completion (optional):**

Badge: Date requested: \_\_\_\_\_ Date received: \_\_\_\_\_

Certificate: Date requested: \_\_\_\_\_ Date received: \_\_\_\_\_

**IV. Additional trainings completed:**

Training History		
Date	Time	Training Event / Focus/Source