



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. **Background Check** _____
- C. **Confidentiality** _____
 - 1. Conflict of Interest _____
 - 2. STARS registration _____
 - 3. Unique ID _____
- D. **Liability Forms** _____
- E. **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

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 (hrs.)	Training Event / Focus