|  |  |
| --- | --- |
| Agency: |  |
| Reviewer: |  |
| Date: |  |
| Name: |  |
| Volunteer Application on File: [ ]  Yes [ ]  No |  |
| Annual Physical Examination Form: [ ]  Yes [ ]  No |  |
| Annual Vehicle Insurance and Driver’s License Check: [ ]  Yes [ ]  No |
| Annual Certification on File: [ ]  Yes [ ]  No |  |
|  |  |
| Volunteer Enrollment/Agreement: [ ]  Yes [ ]  No |  |
| Background Checks: [ ]  Yes [ ]  No |  |
| [ ]  APS/CPS [ ]  Criminal Background Check (State Patrol) |
| [ ]  Motor Vehicle [ ]  Sex Offender Registry Check [ ]  Other (please specify) |
| Performance Appraisal: [ ]  Yes [ ] No |  |
| * Number of hours during a given month \_\_\_\_\_\_\_\_\_
 |
| * Mileage Reimbursement: Number of miles \_\_ x Rate per mile \_\_\_\_\_\_ = \_\_\_\_\_\_\_
 |
| Comments: |