

Annual Training - Levels 1 & 2

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

1 Volunteer Training CBL

Attestation: I have read and understand the provisions outlined in the Volunteer Training CBL, including the requirements for adhering to SEH, federal, state and local safety regulations.

Initials: _____

2 Heart Attack Recognition and ACS

- 1 _____
- 2 _____
- 3 _____

3 Stroke Updates

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____

4 Identifying and Reporting Abuse and Neglect

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

5 Culture & Belonging

- 1 _____
- 2 _____
- 3 _____
- 4 _____

6 Ethics (Cont.)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

7 Language Services

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

8 Volunteer Services

- 1 _____

Please Check	OFFICE USE ONLY
	Marked in Volgistics
	Hours Added
	Scanned



