



ACKNOWLEDGEMENT OF COMPLETION OF TRAINING

Purpose: Use this form to document that a direct-service volunteer completed [all trainings](#) required prior to volunteering with clients.

Directions: To complete this form, initial next to each completed training, then sign at the bottom. Return the completed form to your [volunteer coordinator](#). If you have any questions, please contact your volunteer coordinator.

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Place your initials next to each training, certifying that you have watched the video and completed the online training. Enter N/A if the training does not apply to your volunteer requirements.

Reporting Suspected Abuse or Neglect

Cultural Competency Training

Recognizing the Signs of Child Abuse (CPS volunteers only)

Trauma-Informed Care (CPS volunteers only)

Dementia and Alzheimer's: What are the Differences? (APS volunteers only)

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SIGNATURE

By signing this document, I acknowledge that I have completed all of the trainings initialed above.
I understand that I will not be eligible to volunteer with clients until I sign this form and return it to my volunteer coordinator.

Signature of Volunteer:

X

Printed Name of Volunteer:

X

Date Signed: