

**VOLUNTEERS OF AMERICA MID-STATES  
TRAINING ATTENDANCE LOG**

**A copy of this form is sent to HR for the personnel file.**

The individuals listed herein have completed training on the listed subject(s). The training consists of a review of the requirements and that competency has been verified. The signatures of each individual trainee signify that the requirements of the material presented are understood and that the individual will perform their related activities in meeting the stated requirements. The signature of the trainer signifies that competency has been verified.

<u>Title of Procedure, Instruction, or Topic</u>	<u>Revision</u>

<b>Trainee Name</b>	<b>Trainee Signature</b>

**Competency Verified:**    OJT \_\_\_\_\_ (Record #)    Safety/H.R.    Minor Revision  
 Certificate    Written Test    Question/Answer    Qualification  
 Experience \_\_\_\_\_ (YRS)    Other \_\_\_\_\_

Trainer Name: \_\_\_\_\_   Trainer Signature: \_\_\_\_\_  
 Training Date: \_\_\_\_\_