

# VOLUNTEER CHECKLIST

## COMPLETE THE INFORMATION BELOW FOR ALL VOLUNTEERS

Name\* \_\_\_\_\_ Date\* \_\_\_\_\_

Activity\* \_\_\_\_\_ Location\* \_\_\_\_\_

WATCH Report completed and copy sent to Human Resources\*

Detailed Description of all convictions included (*if applicable*)

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*For Coaching*  Fingerprinting completed\* Clearance Date \_\_\_\_\_  
*Volunteers Only*

## BUILDING/PROGRAM ADMINISTRATOR USE ONLY

**APPROVED\***

**NOT APPROVED\***

Additional Notes \_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HUMAN RESOURCE USE ONLY

**APPROVED\***

**NOT APPROVED\***

Additional Notes \_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Board Report** Date \_\_\_\_\_

