RBV Program - Annual Volunteer Training

Training Sign-In Sheet

Training Date:_____

Training Location: _____

Host Organization(s):_____

Name of Trainer(s): _____

_____

PLEASE WRITE LEGIBLY. This is an official record that will be submitted to CT DEEP to prove you completed training today; volunteer first and last name are required fields.

FIRST NAME	LAST NAME	Email*	Phone*	Mailing Address*	"yes" or "no" ***Under 18 years old?****	***New RBV Vol?***

***Contact information will be used in the event that we need to contact you with questions regarding your monitoring location and/or results. Contact information is not required for volunteers under 18 years old.**