|  |  |  |  |
| --- | --- | --- | --- |
| Agency: |  | | |
| Reviewer: |  | | |
| Date: |  | | |
| Name: |  | | |
| Volunteer Application on File:  Yes  No | | |  |
| Annual Physical Examination Form:  Yes  No | | |  |
| Annual Vehicle Insurance and Driver’s License Check:  Yes  No | | | |
| Annual Certification on File:  Yes  No | | |  |
|  | | |  |
| Volunteer Enrollment/Agreement:  Yes  No | | |  |
| Background Checks:  Yes  No | |  | |
| APS/CPS  Criminal Background Check (State Patrol) | | | |
| Motor Vehicle  Sex Offender Registry Check  Other (please specify) | | | |
| Performance Appraisal:  Yes No | |  | |
| * Number of hours during a given month \_\_\_\_\_\_\_\_\_ | | | |
| * Mileage Reimbursement: Number of miles \_\_ x Rate per mile \_\_\_\_\_\_ = \_\_\_\_\_\_\_ | | | |
| Comments: | | | |