

VOLUNTEER PARTICIPATION ROSTER

Event, Program, or Project:					
Date of Event:					
Name of Participating Group/Organization:					
Street Address	City	State	Zip		
Telephone Number:					
Contact Person:					
PARTICIPANTS					
NAME (Please Print)	TELEPHONE NUMBER	LICENSE NUMBER			

NAME (Please Print)	TELEPHONE NUMBER	LICENSE NUMBER	
Date Trained on Responsibilities:			
Date of License Verification:			
DOH Supervisor's Signature:			
DOH Supervisor's Name Printed:			
Title:	Date:		

DH 1494, 07/13 Exhibit D