

VOLUNTEER MANAGEMENT SYSTEM

Volunteer Processing Checklist

FOR OFFICE USE ONLY – TO BE KEPT IN THE VOLUNTEER'S FILE

Volunteer Name:		Date Registered:		
Volunteer Gov. Photo ID		VMS ID #:		
Volunteer Contact Number:		VMS Badge Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteer Credential/License		Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	
Volunteer Credential/License		Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	
Volunteer Credential/License		Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	
CORI Background check	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Not approved	
SORI	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Not approved	
Signed Volunteer Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Waiver Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic JIT Safety Training		Date:	Instructor:	
Assignment		<input type="checkbox"/> Yes	<input type="checkbox"/> Waiting Assignment	
Equipment Issued:		Date Issued:	Return Date:	
Prophylaxis:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Provided:	
PPE:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Provided:	
Trouble Reported:				
ICS/VMS Supervisor Evaluation/Feedback:				
Volunteer Feedback:				
Receipt for Volunteering Issued:				
ASSIGNMENTS				
DATE	NEED #	ESF OR AGENCY	CONTACT NAME	CONTACT #
Notes:				
Interviewer Name		Interviewer Signature		Date