Volunteers of America
GREATER NEW ORLEANS

Training Sign-In Sheet

Course Name_____

Program:_____
Description:_____
_____

Location:_____ **Class Date and Time**:_____
Presenter: _____

NAME OF INDIVIDUAL PRE-REGISTERED *(PLEASE PRINT)*	SIGNATURE *(AT TIME OF COURSE)*	TEST RESULTS PASS/FAIL	CERTIFICATE ISSUED-Y/N DATE ISSUED

Please complete the attached sign in sheet for each class you are planning on attending and email it to Julic at jramsey@voagno.org. Please note only 10 staff can attend a CPR Class and you must receive written confirmation from Julic prior to attending a CPR class.