

VOLUNTEER PARTICIPATION ROSTER

Event, Program, or Project: Date of Event:					
Street Address	City	State	Zip		
Telephone Number:					
Contact Person:					

PARTICIPANTS

NAME (Please Print)	TELEPHONE NUMBER	LICENSE NUMBER

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(CONTINUED ON NEXT PAGE)

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

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Exhibit D