

VOLUNTEER AND INTERN 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