

Training Status Card



Name of Volunteer _____

Please use this card to keep track of required, recommended, and optional trainings that will strengthen your skills and knowledge as a volunteer. We may periodically ask you for a copy of this card or an update on which trainings you have completed.

Note: In addition to the trainings listed on this card, you may be offered just-in-time trainings or review sessions immediately before your volunteer assignment begins.

Done <input checked="" type="checkbox"/>	Training, Activity, or Topic	Date Attended/ Completed
Required	<input type="checkbox"/> MCHV Orientation	_____
Required	<input type="checkbox"/> Registered on www.DisasterHelp.net/hah User ID _____ Password _____	_____
Required	<input type="checkbox"/> Completed Emergency Go-Kit and Home Survival Kit	_____
Required	<input type="checkbox"/> Wrote and Discussed Family Emergency Plan	_____
Required	<input type="checkbox"/> National Incident Management System - FEMA 700 <input type="checkbox"/> Copy of certificate sent to MCHV office	_____
Required	<input type="checkbox"/> Incident Command System (ICS) - FEMA 100 <input type="checkbox"/> Copy of certificate sent to MCHV office	_____
Required	<input type="checkbox"/> Psychological First Aid Presented by / Website _____	_____
Required	<input type="checkbox"/> Volunteer/ Worker Safety During Response Including Bloodborne Pathogens; Personal Protective Equipment & Measures; and Infectious Disease & Injury Prevention. Presented by / Website _____	_____
Required	<input type="checkbox"/> Pandemic Influenza Training Presented by / Website _____	_____
Recommended	<input type="checkbox"/> Pulmonary Function Clearance & Fit-Test for N95 Mask Size of N-95 Mask needed, according to fit-test: _____	_____
Recommended	<input type="checkbox"/> Adult CPR (Expiration Date _____)	_____
Recommended	<input type="checkbox"/> Infant CPR (Expiration Date _____)	_____
Recommended	<input type="checkbox"/> First Aid (Expiration Date _____)	_____
Recommended	<input type="checkbox"/> AED (Automated External Defibrillator)	_____
Recommended	<input type="checkbox"/> Patient Handling (of People With Mobility Limitations)	_____

Done <input checked="" type="checkbox"/>	Training, Activity, or Topic	Date Attended/ Completed
Optional	<input type="checkbox"/> Incident Command System (ICS) -FEMA 200 <input type="checkbox"/> Copy of certificate sent to MCHV office	_____
Optional	<input type="checkbox"/> POD (Point of Dispensing) Training Presented by / Website_____	_____
Optional	<input type="checkbox"/> Special Needs Shelter Training Presented by / Website_____	_____
Optional	<input type="checkbox"/> Animal Management During Disasters Presented by / Website_____	_____
Optional	<input type="checkbox"/> Animal First Aid	_____
Optional	<input type="checkbox"/> Mass Decontamination Presented by / Website_____	_____
Optional	<input type="checkbox"/> Incident Command System (ICS) -FEMA 300 (Intermediate) <input type="checkbox"/> Copy of certificate sent to MCHV office	_____
Optional	<input type="checkbox"/> Incident Command System (ICS) -FEMA 400 (Advanced) <input type="checkbox"/> Copy of certificate sent to MCHV office	_____
	<input type="checkbox"/> Other (Topic of Training:_____) Presented by / Website_____	_____
	<input type="checkbox"/> Other (Topic of Training:_____) Presented by / Website_____	_____
	<input type="checkbox"/> Other (Topic of Training:_____) Presented by / Website_____	_____
	<input type="checkbox"/> Other (Topic of Training:_____) Presented by / Website_____	_____
	<input type="checkbox"/> Other (Topic of Training:_____) Presented by / Website_____	_____
	<input type="checkbox"/> Other (Topic of Training:_____) Presented by / Website_____	_____