

Safety Ministry Team (SMT)

Volunteer Training and Competency Notification Form

(Use this form to document Training Events and evaluation of competency)

Name: _____

Date of Training: _____ Trained By: _____

Training Category (check all that apply):

☐ Group Training – See list attached

- ☐ New Team Member Orientation.
- ☐ I. SMT Guidelines & Procedures.
- ☐ II. Emergency Action Plans (EAPs)
- ☐ III. Specific Training
- ☐ IV. Specific Task & OTJ Training
- ☐ V. Narcan Training
- ☐ VI. OC Pepper Spray or Less Lethal
- ☐ VII. Firearms Safety & CCW Qualification.
- ☐ IIX. Self Defense Training (Holds and Control, Etc.)
- ☐ Other (please note): _____

Objectives: ☐ Training Objective ☐ Evaluation of Competency

Description of Training / Evaluation:

☐ Multi Media ☐ Reading ☐ OTJ ☐ Other

☐ See back of form or attached sheet

Training Level: ☐ Grandfathered ☐ Team Member ☐ Team Leader ☐ Incident Supervisor
☐ Training Coordinator ☐ Other: _____

Verification and Certification of Training and Competency:

I certify that I completed the training as described above and understand all procedures, processes, and actions required to meet the objectives of the training.

Volunteer (signature): _____ Date: _____

I certify that I have trained this volunteer. I have also evaluated the ability of this person to competently perform the defined tasks, jobs or activities as referenced in the objectives section above.

Competency evaluated by: ☐ Review of documents ☐ Evaluation or Testing ☐ Successful completion of task(s)
☐ Other (please note): _____

Trained By: _____ Date: _____

Turn in completed forms to the SMT Team Leader and Copy Training Coordinator