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 |
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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.