**Applicant Name: LLTCO:**

**Facility Name: County:**

|  |  |  |
| --- | --- | --- |
| **Date Complete** | **Staff Initials** | **Task (document all in volunteer file)** |
|  |  | Application review and identification of conflict of interest |
|  |  | Telephone interview |
|  |  | Waiver granted and signed, if necessary |
|  |  | Applicant invited to training |
|  |  | Training attended |
|  |  | Confidentiality agreement and conflict of interest agreement received |
|  |  | OIG check complete |
|  |  | National sex offender registry check complete |
|  |  | Follow up consultation with VOP Coordinator |
|  |  | SING check complete |
|  |  | LLTCO sent volunteer materials for review |
|  |  | VOP certification approved |
|  |  | Facility notified of volunteer certification and placement |
|  |  | Certification packet mailed to volunteer |
|  |  | Request to LLTCO to schedule facility orientation |
|  |  | Facility orientation complete |
|  |  | Volunteer recognition |
|  |  | Continuing education for year education complete |
|  |  | One-year evaluation complete |

*If in-process applicant or certified*

*volunteer is declined or terminated,*

*list date, staff, and reason here:*