



# Training Sign Off Form Food Bank for Larimer County

Training Name/Type: \_\_\_\_\_

### Site Information

<b>Name:</b>	<b>Job Title:</b>
<b>Location:</b>	<b>Date:</b>
<b>Trainer or presenter:</b>	

### Reviewed

- |  |                               |                                      |
|--|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Civil Rights Review | <input type="checkbox"/> ROMS | <input type="checkbox"/> Power Point |
|--|-------------------------------|--------------------------------------|

### Training

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> New Staff Orientation |
| <input type="checkbox"/> Group        | <input type="checkbox"/> On the Job Training   |
| <input type="checkbox"/> Other: _____ |  |

### Acknowledgement

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

Office Use Only  
 FBLC Recorded                      Date \_\_\_\_\_