



Training Sign Off Form Food Bank for Larimer County

Training Name/Type: _____

Site Information

Name: _____ Job Title: _____
Location: _____ Date: _____
Trainer or presenter: _____

Reviewed

- Civil Rights Review ROMS Power Point

Training

- Individual New Staff Orientation
 Group On the Job Training
 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
Signature	Title	Date

Office Use Only
 FBLC Recorded Date _____