

Verification Checklist for New Leadership Volunteer Orientation and Training

AARP Driver Safety Program

The purpose of this form is to ensure that a person new to a leadership position has received an appropriate orientation that will enable them to implement all aspects of the respective position description. As each item is completed, the individual will check the box next to the item to signify that it has been completed.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a copy of the <i>AARP Driver Safety Program Leadership Training & Policy Guide</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the position description for my role. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the reporting relationship for my role. |
| <input type="checkbox"/> | <input type="checkbox"/> | The Leadership Training and Policy Guide has been reviewed with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the guide content. |
| <input type="checkbox"/> | <input type="checkbox"/> | Local requirements related to the AARP Driver Safety Program have been explained to me and I understand them. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am prepared to order remaining supplies and material required by this assignment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am ready to work with my team to develop and implement a work plan for our area of responsibility. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know my next steps and have no further questions at this time. |

(SIGNATURE OF NEW LEADERSHIP VOLUNTEER)

(DATE)

(SIGNATURE OF PERSON WHO CONDUCTED ORIENTATION/TRAINING)

(DATE)

FORWARD SIGNED ORIGINAL TO STATE COORDINATOR