

**VOLUNTEER TRANSPORTATION NETWORK**

**CERTIFICATE of TRAINING**

**FY 2015**

I, \_\_\_\_\_ ( \_\_\_\_\_ )

Print Name and Birth Date

certify that I have completely read and fully understand the material contained in the:

- Safe Driving Basics Driving Defensively*
- Fleet Card*
- Patient Safety Awareness Training*

\_\_\_\_\_

Signature/Date

Please complete this document, then submit it to Voluntary Service Secretary to receive credit for your training,

VAF 10-113 (538) October 2014