



# Fairfax County Park Authority Volunteer Training Documentation

## ADA Training

I have read the policy statements provided and will adhere to the designated policies.

## Park Authority Introduction 101 Video

I have viewed the Park Authority introduction video.

## STARS Customer Service Training

I have read the policy statements provided and will adhere to the designated policies

## Bloodborne Pathogen Training

I have been familiarized with the general principles of Bloodborne Pathogen training provided and will adhere to the designated policies.

\_\_\_\_\_  
Volunteer Name – Entering your name and submitting this form will be considered the same as a signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name – Required if the volunteer is under 18 years of age.

\_\_\_\_\_  
Date