

# COVID-19 Volunteer Education Attestation

Please print, sign, and bring a copy of your signed attestation with you to your volunteer event.

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| <b>First Name</b>                                  |  |
| <b>Last Name</b>                                   |  |
| <b>Middle Initial</b>                              |  |
| <b>Street Address</b>                              |  |
| <b>City</b>  |  |
| <b>State</b>                                       |  |
| <b>Zip code</b>                                    |  |
| <b>Email address</b>                               |  |
| <b>Phone number</b>                                |  |
| <b>Alternate number</b>                            |  |
| <b>Title (i.e. Registered Nurse, MD, RPH etc.)</b> |  |
| <b>Licensure information (if applicable)</b>       |  |

By signing this form, I attest that I have completed all currently required Centers for Disease Control and Prevention (CDC) and South Dakota Department of Health training for volunteers at COVID-19 vaccine activities. I understand that as new vaccines are approved, additional training may be required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*You will need to complete the required training within 30 days of your volunteer event and complete a signed attestation indicating you have completed the training.*