

# Hands On at the Station: Mentor Sign-Off Sheet



Learner Name: \_\_\_\_\_ Mentor Name(s): \_\_\_\_\_

v2025.03.12

<b>Mutual Aid Partner</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Bring a Friend</b> Hours: <u>1 hour</u> Date: _____ Mentor Signature: _____	<b>Community Event</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Interview EMS Person</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Practice EMS Skill</b> Hours: _____ Date: _____ Mentor Signature: _____
<b>Practice Radio Call</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Practice EMS Interview</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Maine EMS Meeting</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Debrief Stressful Event</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>EMS Week</b> Hours: _____ Date: _____ Mentor Signature: _____
<b>Health Partner</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Medical Director</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Regular Training</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Community Event</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Interview EMS Person</b> Hours: _____ Date: _____ Mentor Signature: _____
<b>Community Event</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Share EMS in School</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Town Meeting</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Mental Health</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Dispatch</b> Hours: _____ Date: _____ Mentor Signature: _____
<b>Current Events in EMS</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>EMS-Related Course</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>Mutual Aid Partner</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>EMS Research</b> Hours: _____ Date: _____ Mentor Signature: _____	<b>EMS-Related Cert.</b> Hours: _____ Date: _____ Mentor Signature: _____