



WOC

ARCHDIOCESE OF BALTIMORE
VERIFICATION FORM TRAINING ATTENDANCE
A Statement of Policy for the Protection of Children & Youth

VERIFICATION

* This verifies that _____ has participated in training for
(Name of Participant)
children and youth protection, which was held at SFDS on _____
(Site) (Date)

This training was in compliance with *A Statement of Policy for the Protection of Children and Youth*.

* _____
Signature of Participant

_____ Date

_____ Signature of Trainer

_____ Date

Please Note: This training is recognized for Catechist and Youth Ministry Certification as
1 clock hour in Area "B" and 2 in Area "C".

*Please keep a copy of this form for your records.
Return original to your parish, school, or institution for your employee/volunteer personnel file.
Thank you!*