CATHOLIC SOCIAL SERVICES
ABUSE PREVENTION TRAINING (Off-Site)

DATE: _____

LOCATION NAME: _____ **CITY/TOWN: _____**

TRAINER: _____ **TRAINER TITLE: _____**

TRAINING IS FOR (please check one): ☐ Parish Staff/Volunteers ☐ School Staff/Volunteers

IN INK ONLY, please print your name; write in your parish or school in which you volunteer/work; the city/town; and sign. Thank you!

T.I.	Score	PRINT NAME	PARISH/SCHOOL	CITY/TOWN	SIGNATURE