



Archdiocese of Seattle Safe Environment Program

Proof of Attendance Training in Safe Environment Program

Participant's Full Name: _____

Parish/School/Agency: _____ City: _____

Position/Title: _____

By signing this form, I verify the participant above has completed the required safe environment training.

Name of Class Attended: _____ Date: _____

Location of Class: _____ City: _____

Witness*

Name: _____
(Please print clearly)

Signature: _____ Date _____

Supervisor*

Name: _____
(Please print clearly)

Signature: _____ Date _____

** Participant must have at least one unrelated witness to verify attendance.*