

# Completion of Safe Sanctuaries Training Regular Workers

I have read the Safe Sanctuaries Policy and completed the required training.

Training Date: \_\_\_\_\_

Check one:

- Initial Training
- Refresher Training

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

If under 18:

Parent / Guardian Signature \_\_\_\_\_

Parent / Guardian Name (printed) \_\_\_\_\_

Date \_\_\_\_\_