

Safe Environment Compliance Verification Form

Parish/School Name: _____ Type of Event: _____ Date of Event: _____

Participant Name:	Date of most recent training:	Date of most recent background check:	Date <i>Code Of Conduct</i> was signed:

Signature of Parish/School Safe Environment Coordinator: _____ Date: _____

Printed name of Safe Environment Coordinator: _____

Please keep completed on file with the Parish/School. It is not required to submit this form with the Request for Overnight Retreat Permission Form unless requested.