

DATE: _____

ATTENDANCE ROSTER SAFE ENVIRONMENT SESSION

LOCATION: _____

TRAINER: _____

Please sign in the space beside your printed name to indicate your attendance at this session:

Printed Name & Phone #	Signature	Name of Location Where I Perform My Ministry:	Capacity in Which I Work with Children
Name: _____ Phone # _____		<input type="checkbox"/> Parish Name <input type="checkbox"/> Parish School	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Position _____
Name: _____ Phone # _____		<input type="checkbox"/> Parish Name <input type="checkbox"/> Parish School	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Position _____
Name: _____ Phone # _____		<input type="checkbox"/> Parish Name <input type="checkbox"/> Parish School	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Position _____
Name: _____ Phone # _____		<input type="checkbox"/> Parish Name <input type="checkbox"/> Parish School	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Position _____
Name: _____ Phone # _____		<input type="checkbox"/> Parish Name <input type="checkbox"/> Parish School	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Position _____

