****

**CERTIFICATE OF ATTENDANCE\***

**TEEN LEADER MINISTRY VOLUNTEER**

**SAFE ENVIRONMENT SESSION**

**(for persons pre-teen 11 & 12 Years Old )**

 ***(Please Print)***

|  |
| --- |
| **Pre-Teen’s Legal Name : DOB:** |
| **Telephone Number:** |
| **Name of Parish/School that pre-teen will volunteer :** | **City:** |
| **Home Session Date:**  | **Name of Parent/Guardian Facilitator(s):** |

|  |
| --- |
| **How will your pre-teen volunteer at your parish/school?** |

***-------------------------------------------------------------------------------------------------------------------------------***

**CERTIFICATE OF ATTENDANCE\***

**TEEN LEADER MINISTRY VOLUNTEER SAFE ENVIRONMENT SESSION**

**(for persons pre-teen- 11 & 12 Years Old)**

**This certifies that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Name)***

**satisfactorily completed the “Teen Leader Ministry Volunteer” Safe Environment Session for Pre-teens, identified by type above, at home with a parent/guardian facilitator:**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Session Date: \_\_\_\_\_­­­­­\_\_\_\_­­­\_\_\_\_**

**\*CERTIFICATE INVALID WITHOUT FACILITATOR’S SIGNATURE**

|  |  |
| --- | --- |
| **Parent Facilitator ‘s Signature:**  | **Facilitator’s Printed Name:**  |
|  |  |

***For Questions or Verification: Please Contact the Parish/School Office Hosting the Session at Phone***

***#940-565-1770, and Ask to Speak with the Safe Environment Coordinator. Thank You.***