



**ROTARY INTERNATIONAL
DISTRICT 5100
Youth Protection Policy
Volunteer Training Certification**



All volunteers that participate in District Rotary Youth Services Programs are required to complete the following certification form. Please print legibly and fax to Rotary District 5100: (503) 513-9213

Volunteer's Name _____

Address _____ **City** _____

State _____ **Zip** _____ **Phone or email** _____

Rotary Club _____ **Club President** _____

I understand that District 5100's Youth Protection Policy and Procedure requires that I familiarize myself with the responsibilities of a Youth Services program volunteer. To comply with the certification process I have completed the following:

- Attended a club sponsored training on _____
(Date & Location)
- Attended district sponsored training on _____
(Date & Location)
- Read and reviewed the materials in Youth Protection Training Kit.

Signature **Date**

Print Name **Date**