

Certificate of Completion

Jeffers Hill Elementary School



Jeffers Hill Elementary 2017-2018 School Year

Volunteer Training Registration

This is to certify that I _____
(print name)

have viewed the HCPSS Child Abuse Reporting Procedures and volunteer training power point. I understand my responsibilities with regard to this policy and agree to adhere to the Volunteer Code of Ethics and HCPSS policies.

Signature: _____

Date: _____

Child Name: _____ Teacher: _____

Child Name: _____ Teacher: _____

Child Name: _____ Teacher: _____