

Church/Organization Name: \_\_\_\_\_

Church/Organization City/State: \_\_\_\_\_

**RECORD OF CHILD AND YOUTH PROTECTION  
TRAINING AND RELATED REQUIRED PROCEDURES**

**THIS RECORD KEPT FOR:**

**FULL NAME:** \_\_\_\_\_

**DATE THIS RECORD CREATED:** \_\_\_\_\_

REQUIRED TRAINING/PROCEDURE	DATE COMPLETED	AUTHORIZED INITIALS
Known to the church leaders for at least six months before working with children or youth (date 6-month period ends)		
Completed application to work with children/youth		
Completed a background search authorization form		
Interview completed		
References checked		
Background search received & evaluated		
Initially trained in child & youth protection		
Follow-up training in child & youth protection		
Follow-up training in child & youth protection		
Completed state of Ga. [online] mandatory reporter training		
Follow-up state of Ga. [online] mandatory reporter training		
Follow-up state of Ga. [online] mandatory reporter training		
Initial training study of child/youth policy manual		
Annual review of child/youth protection policy manual		
Annual review of child/youth protection policy manual		
Annual review of child/youth protection policy manual		

**NOTES**
