

Protecting God's Children Local Training Scheduling Form

Name of Organization: _____

City: _____

Type of Organization: Parish School
(check all that apply)
 Other _____

Contact Person: _____

Address: _____

Telephone(s): _____

E-mail: _____

Protecting God's Children Training

All parish/school personnel and volunteers are required to attend this training. Attendance must also be open to any interested parents and parishioners. Please provide your three (3) preferred dates/times for the training. The training takes approximately four (4) hours to complete. The maximum attendance per session may not exceed 150 persons.

Date: ____ / ____ / ____ Date: ____ / ____ / ____ Date: ____ / ____ / ____

Start time: _____ Start time: _____ Start time: _____

End time: _____ End time: _____ End time: _____

Name of room/location of training: _____

Estimated number of participants: _____

Name(s) and location(s) of collaborating organization(s) (if any): _____

Please hold your three preferred scheduling choices open on all appropriate calendars. The actual date of your training and a host organization packet will be provided when a facilitator is assigned to your session(s). **Please keep a copy of this form for your records.**

Return to: Office of Youth and Young Adult Ministry, ATTN: Virtus Coordinator, 197 E. Gay St.,
Columbus, OH 43215-3229

FAX : (614) 241-2563

Date Received: _____
(Office Use Only)