

YOUTH PROTECTION TRAINING ROSTER

UNIT LEADER: _____

Unit: _____

Camp: _____ **Session:** _____

Adult Leader Name	Date of Training
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

As the unit leader responsible for Youth Protection training in this unit, I verify that the above adult leaders have completed Youth Protection Training on the dates listed.

NAME (Printed) _____ SIGNATURE: _____

(Reproduce for Unit use)