



Youth Protection Training for Youth and Adults

Unit Type: Pack Troop Team Crew Ship Unit #: _____ District: _____

Youth Protection Training for Youth:

- Cub Scout — **It Happened to Me**
- Boy Scout — **A Time to Tell**
- Venturing — **Personal Safety Awareness**

I certify that our unit provided the opportunity for all youth to participate in Youth Protection Training for Youth. The training was delivered on the date and to the number of youth listed below:

Date Training Held: _____ Number of Youth Attending: _____

Unit Leader Printed Name: _____

Unit Leader Signature: _____

Youth Protection Training for Adults:

Most unit leaders take Youth Protection Training online at www.myscouting.org, however, if you chose to conduct a classroom Youth Protection Guidelines for Volunteer Leaders and Parents or Youth Protection Guidelines: Training for Adult Venturing Leaders, you may submit the volunteer names to update their training records by listing those who attended below. You may copy this form as needed to document Youth Protection Training.

PRINTED Name (First, Last)

Date Completed

I certify that our unit has conducted the classroom version (DVD) titled **Youth Protection Guidelines for Volunteer Leaders and Parents** or **Youth Protection Guidelines: Training for Adult Venturing Leaders** for the volunteers listed above.

Unit Leader Printed Name: _____

Unit Leader Signature: _____