

SEYM Child Abuse Prevention Program Youth Worker Training Verification

This form is to be completed by the SEYM CAP Program Youth Worker Applicant upon completion of reading or reviewing the **SEYM CAP Child Abuse Prevention Training Manual & Procedures** and completion of **SEYM CAPP Training**.

The training material consists of:

1. **SEYM Child Abuse Prevention Training Manual & Procedures**
2. **SEYM Youth Program Training** (approximately 2 hours) including the presentation *Recognizing and Reporting Child Abuse*.

After completion, this form is to be sent to the SEYM office to be kept with the records of Registered SEYM Youth Workers. Completed forms may be made available to SEYM youth program coordinators, the review committee for registered youth program leaders, the SEYM Review Committee, a subset of the SEYM Personnel Committee and others as needed in the administration of the SEYM youth programs and the SEYM child abuse prevention policy.

Name (print) _____ **Today's date:** _____

Confirm: _____ I have read the *SEYM Child Abuse Prevention Training Manual & Procedures*

Date completed: _____

Fill in A or B, below:

A. ___ I am taking the SEYM Youth Program Training in person.

B. ___ I am taking the SEYM Youth Program Training online with an **SEYM Child Abuse Prevention Trainer**.

Fill in A or B, below:

A. ___ I am taking SEYM Youth Program Training for the first time.

B. ___ I am taking the SEYM Youth Program Training as a review course.

Date completed: _____

Trainer's Name: _____

Your Signature: _____

Return completed form to the SEYM office:

SEYM
P.O. Box 1062
St. Petersburg, FL 33731-1062