



Safeguarding Trainer Recommendation & Registration

All workshops are scheduled for 7.5 hours. May be in-person or virtual via Zoom.

Which program are you registering for? (check one)

☐

SG Children

☐

SG People

Training Date: _____

Location: _____
(indicate virtual or location of in-person workshop)

Recommended Supplies

- **Note taking materials**
- **Lunch if meeting in person**
- **Virtual workshop – laptop with audio & video**
- **Virtual workshop – additional instructions and materials will be emailed**
- **In person workshop – additional materials will be provided by the trainer**

Name _____

Preferred mailing address _____

City _____ **State** _____ **Zip** _____

Preferred phone number _____ (Check: work ___ cell ___)

Email _____

Church/School/Institution trainer will serve _____

Address _____ **City** _____ **Zip** _____

Phone at above location _____

Initial each below:

I understand that I must be present for the entire workshop to be certified. _____

My Safeguarding certifications are up to date. (Verify with SRA or Safeguarding office.) _____

My church/school/institution has my background check on file or in SRS. _____

Signature of Trainer candidate _____

Signature of Head of Church/School/Organization _____



Please fax this registration to 866-241-7050 or email it to kmuhlenbruch@epicenter.org