

Certificate of Completion
Sabine Creek Ranch
Child Abuse Prevention Training

Name: _____ Organization: _____

_____ Staff _____ Volunteer

If volunteer, attending with what camp? _____

Dates at Camp: _____

Date test taken: _____ Score: _____

Instructor's name: _____

Instructor Signature: _____

This certificate must be turned in to the Sabine Creek Ranch office before camp or upon arrival at camp.