

Fayette County School System

Mandated Reporter Training for School Volunteers

Volunteer/Parent Name: _____ School: _____

Student (if applicable): _____ Relationship _____

I have participated in or viewed the Parent/Volunteer Training regarding Child Abuse Reporting. I will follow the guidelines and maintain confidentiality if I need to report any concerns of this nature.

I volunteer/chaperone in the following capacities: _____

Signature

Date