

Your Organization (Diocese): _____

Email address _____ :

First Name : _____ **Last Name :** _____

DOB: _____ **Home Address:** _____

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

Home Phone: _____ **Work Phone:** _____ **Ext:** _____

Your Primary Location (*Where you work, volunteer, or worship – i.e. Parish Name and City*):

Please select the roles that you play within your Diocese (please check all that apply):

_____ Volunteer _____ Employee

Your Title(s) within the Diocese (*i.e. Catechist, Coach, Room Mom, Scout Leader, Spanish Teacher, etc*):

Training Course: **Healthy Relationships for Teens 2.0 with Safe Environment Component**

Training Date : _____ **Time:** _____

Training Location:
(*Facility Name & City*) _____

We are the parents/legal guardian(s) of _____ We understand that a minor, thirteen to seventeen years old must register in Virtus and take the Healthy Relationships for Teens 2.0 with Safe Environment Training.

Print name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____