

ACKNOWLEDGMENT OF *CIRCLE OF CARE* TRAINING

I hereby acknowledge that on _____ I viewed the Diocese of Fargo's *Circle of Care* video training.

I understand that this acknowledgment will be kept on file in my personnel file or volunteer file, as the case may be.

(Print Name Clearly)

(Position)

(Name of Parish/School/Diocesan Institution)

(Signature)

(Date)