



CATHOLIC COMMUNITY SERVICE
Training Attestation

Name of Training: CCS General Orientation **Date of Training:** _____

Name of Trainer: _____

Name of Participant: _____

I, _____ hereby attest that I have completed the
CCS General Orientation, and agree to follow all policies and procedures
outlined in the training.

Staff Signature: _____ **Date:** _____

Trainer's Signature: _____ **Date:** _____