Diocese of St. Cloud
Parish Compliance Report
for Paid Staff

Name of Parish: _____ Date: _____

Address: _____ Contact Person: _____

City: _____

Has parish held "Safe Environment Training Session" for staff? _____Yes _____No

If yes, please list dates the training was held: _____

If no, please list scheduled training dates: _____

List Names of All Paid Staff	Signed Acknowledgement for Sexual Misconduct Policy	Background Questionnaire Completed & Signed	Signed Acknowledgment for Ethics/Integrity Guidelines	Criminal Background Check Release Form Completed	Attended Safe Environment Training Session

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Diocese of St. Cloud
Parish Compliance Report
for Volunteers

Name of Parish: _____ Date: _____

Address: _____ Contact Person: _____

City: _____

Has parish held "Safe Environment Training Session" for volunteers? _____Yes _____No

If yes, please list dates the training was held: _____

If no, please list scheduled training dates: _____

List Names of Volunteers	Signed Acknowledgement for Sexual Misconduct Policy	Background Questionnaire Completed & Signed	Signed Acknowledgment for Ethics/Integrity Guidelines	Criminal Background Check Release Form Completed	Attended Safe Environment Training Session

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