

**Certificate of Completion**  
*Scottsville Camp & Conference Center*  
**Child Abuse Prevention Training**

This certificate certifies that \_\_\_\_\_  
Name

who is a  Staff Member or  Volunteer with \_\_\_\_\_  
Church or Organization

has completed the Child Abuse prevention training on \_\_\_\_\_ and has scored \_\_\_\_\_.  
Date

They will be attending camp \_\_\_\_\_ with the above mentioned Church or Organization.  
Camp Dates

Instructor's name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

This certificate must be turned in to the **Scottsville Camp & Conference Center** office on or before camp. Course # YC06 – 0003