



Mandated Reporter Policy Review Verification Form

This is to verify that I have read the Fauquier County Parks and Recreation Policy F 9-17 and have received training through the interactive tutorial found at:

http://www.dss.virginia.gov/family/cps/mandated_reporters/cws5692/index.html

I have requested clarification of any parts of the policy and the training which I had questions and I understand my role and responsibility as a mandated reporter.

Employee/Volunteer/Contractor name (printed) _____

Job Title _____

Work Site _____

Supervisor name _____

Signature of Employee or Volunteer _____ Date _____

Signature of Supervisor _____ Date _____