



MD4 YOUTH PROTECTION & POLICY

VERIFICATION OF SCHOOL-BASED LEO CLUB FACULTY YOUTH ADVISOR CLEARANCE COMPLIANCE

Date: _____

TO: _____
(Insert the name of verifying school employee.)

School: _____

(Name of LEO Club)

This is to verify that (Please Print Name) _____
(Youth Advisor) meets and is in compliance with the California school district clearance policies and procedures. This is also to verify the above-mentioned Youth Advisor has completed the Mandated Reporter training provided by the school district/County Education Office.

Verification Completed by: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

<p>Please return the completed and signed verification form via email or mail to:</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>or</p> <p>Email: _____</p>
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