

**Byzantine Catholic Eparchy of Passaic  
Safe Environment Program  
Volunteer Training / Background Check Certification Roster**

**Parish:** \_\_\_\_\_  
(Name) (City) (State) (Pastor)

**Date:** \_\_\_\_\_ **Page:** \_\_\_\_\_ of \_\_\_\_\_

*\*Please print clearly; Name, Address and Telephone Number only.*

Name:	Address:	Telephone Number:	Training Date: <small>(office use only)</small>	File Date: <small>(office use only)</small>

*(office use only)*

**As indicated, the individuals listed on this roster form are certified for service in the Eparchy of Passaic as of:** \_\_\_\_\_ **by:** \_\_\_\_\_  
(Date) (Initials)  
**Please retain this notification in Parish Safe Environment File for future reference or audit.**