

For Completion by the Site Supervisor:

Project Site Supervisor Name: _____

Parish: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ e-mail: _____

Please list your primary responsibilities at the parish: _____

Dates for Supervision (1. Complete Agreement Form; 2. Complete Mid-Project Evaluation; 3. Project Completion Evaluation):

1. _____ 2. _____ 3. _____

Signatures:

Participant: _____ Date: _____

Project Supervisor: _____ Date: _____

Pastor: _____ Date: _____

Kino Program Coordinator: _____ Date: _____

“Called to Protect” Training was completed on: _____ Date: _____