Snohomish County Early Childhood Education and Assistance Program Prevention of Child Abuse and Neglect Training ECEAP Parent/Community Volunteer Statement

Name of Parent/Community Volunteer	ECEAP Site
Date of Training	
	d Assistance Program (ECEAP) staff members are aff must report all suspicions of possible child abuse
abused or neglected, I should report all entered the same day, including a written report	eporter. However, if I suspect that a child is being evidence of possible abuse or neglect to ECEAP staff with important and relevant facts that I observed or the port the information to proper authorities as required policies.
CONFIDENTIAL . I may not discuss chill reporting the information to ECEAP staff enforcement) investigating the abuse or	d abuse or neglect situations with anyone except for or when asked by proper authorities (CPS or law neglect. This confidentiality means I may not discuss nily members, neighbors, or anyone else.
As a volunteer in ECEAP, I acknowledge that I have received the above training about preventing child abuse and neglect. I will abide by the above guidelines.	
Signature of Parent/Community Volunteer	Date
Signature of ECEAP staff that provided training	Date