

CERTIFICATE OF TRAINING

This document certifies that

<NAME>

participated in <XX> hours of training on <DATE>.

<<state name of training (ie: CPR/First Aide) or give a brief description of skills acquired>>

The training was sponsored by <<Your Program Name or the Name of the Organization leading the training (ie: Saint Paul Red Cross)>>

<<If different from above, name your AmeriCorps program on this line>>

<<Program Supervisor Name>>, <<Program Supervisor Title>>