

# ETHICS BOOSTER TRAINING – SIGN-IN SHEET



Building Trust  
Inside and Out

FACILITATOR: Please complete this section of the sign-in sheet for your group before making the necessary copies

School/Office/Team: \_\_\_\_\_ Location Code: \_\_\_\_\_

Local District (if applicable): \_\_\_\_\_ Training Date: \_\_\_\_\_ Time: \_\_\_\_\_

Facilitator Name: \_\_\_\_\_ Facilitator E-mail: \_\_\_\_\_

**By signing this sheet, I acknowledge that I have attended and completed the Ethics Booster Training.**

#	Name	Position Title	Signature
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(TURN OVER WHEN FULL)

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#	Name	Position Title	Signature
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**THANK YOU FOR ENSURING THAT THIS SIGN-IN SHEET IS RETURNED TO YOUR FACILITATOR!**