



# Train the Trainer Workshop for New Trainers

January 29, 2026

**Each parish & school should have at least one designated  
Child Protection Trainer.**

- The workshop is scheduled from 9:30am – 3:30pm.
- Cost is \$25.00.
- Trainers/facilitators will receive instructions on how to train adults and youth.
- Materials in English and Spanish. *Facilitators for Spanish need to be bilingual.*
- Programs: C.A.S.E., Virtus and Protecting Our Child, Knights of Columbus
- Current trainers are welcomed to attend.

DATE	LOCATION
Jan 29	Archdiocese of Portland Pastoral Center  2838 E Burnside St, Portland, OR 97214

Instructions:

- 1) Fill out & return a registration form to the Child & Youth Protection Office.
- 2) Mail a check following the instructions in the registration form.

## Child Protection "Train the Trainer" Workshop

### Registration Form

Instructions:

- 1) **Mail/email this Registration Form completed**
- 2) **Mail in your check.**
  - a. **Cost: \$25.00**
  - b. **Address:** Archdiocese of Portland: Child and Youth Protection Office  
2838 E Burnside Street, Portland OR 97214
  - c. **Memo:** Train the Trainer Workshop

Date \_\_\_\_\_

TRAINER INFORMATION	
NAME	
PHONE #	
EMAIL	
PRIMARY LANGUAGE	
IF BILINGUAL, WHAT LANGUAGES?	

TRAINER'S SCHOOL/CHURCH INFORMATION	
NAME	
STREET	
CITY & ZIP CODE	

**What group(s) will you be conducting trainings for at your location?**

Adults	Yes _____/No _____
Children (grades K-5)	Yes _____/No _____
Youth (grades 6-12)	Yes _____/No _____
Spanish Language	Yes _____/No _____

**Are you available to assist/train a neighboring/vicariate parish/school:** Yes \_\_\_\_\_/No \_\_\_\_\_

Limitations/concerns: \_\_\_\_\_

**Would you be able to attend future trainings at the following times?**

\_\_\_\_\_ Weekdays 9 am to 4 pm

\_\_\_\_\_ Weekends Saturday/Sunday

Yes \_\_\_\_\_/No \_\_\_\_\_ Once a Year

**Date of the training you will be attending:** \_\_\_\_\_

Dietary Restrictions/Preferences: \_\_\_\_\_

**Thank you for giving your time in this important ministry.**

Child Protection Office Use Only

Receipt No:

CHECK Number/Amount:

NOTE: