



District Council of Greensburg, Society of St. Vincent de Paul®

On-line VIRTUS Group Training Record of Completion for DCCG Council Special Works Volunteers

Please enter your first and last legal name as it appears on your driver's license, passport or other government-issued ID, your home address and your phone number.

On completion of the VIRTUS training, the information you provide below will be entered into the VIRTUS data base as a record of completion, and a certificate will be generated.

Your Volunteer Location (SVdP Store Name) _____

First name _____ Last Name _____

Home Address _____

City _____

State _____ . Zip Code _____

Email Address (if you have one) _____

Phone Number _____

Date of VIRTUS training _____

Location of VIRTUS Training _____

To be completed by facilitator:

I verify the above listed individual completed the on-line VIRTUS group training at the above noted location, on the date noted above.

Name: _____ Signature: _____

Forward the completed/signed form to svdpgreensburgcouncil@gmail.com, or mail to DCCG, 551 Hyde Park Rd., Leechburg, PA 15656