

YOUTH PROTECTION PROGRAM CERTIFICATION



Each Chapter in the Jurisdiction of Ohio is required to complete this form at least once per year. It is recommended however that the material be shown in each Master Councilor's term. All that is required to complete this form is to show the Youth Protection Video at a meeting where the Chapter is assembled, have each attendee sign the form and send it to me.

**Dad Justin Lowe
4901 Dierker Road
Columbus, Ohio 43220**

I _____ (Please Print) certify that the following listed individuals of _____ Chapter have completed the adult/youth portion of the Youth Protection Program as required by DeMolay International, on the _____ day of _____, 20__.

Attest (your signature) _____

PRINT NAME

SIGNATURE
