

(Insert program logo here)

Certificate of Completion

is hereby granted to

(Insert volunteer name)

to certify the satisfactory completion of the

(Insert name of program)

*Volunteer Training Program and has been duly sworn
by the Family Court of the State of New York, County of (name)*

To perform the duties of a

Court Appointed Special Advocate

(Insert date)

(Program Director or Executive Director)

(Executive Director or Judge if preferred)