



Tracking and Documenting Youth Protection Clearance

To be completed, retained, and updated by designated Coach or Mentor.

Team Name: _____ Team Number: _____ FIRST Program: _____

Name of Adult Working With Team <i>(List every adult who regularly works with your Team)</i>	Team Role	Date of FIRST YPC	Date of Photo ID inspection	Signature of Person Inspecting Documents	Next Date of YPC Renewal <i>(every 36 months)</i>	Alternative <i>(non-FIRST)</i> Training and Screening Verified