

**ALTERNATIVES TO VIOLENCE FACILITATOR'S WORKSHOP LOG**    Name \_\_\_\_\_

Workshop Dates	Type of Workshop	Location	Signature of Lead Trainer	Comments (include your role - participant, trainer, trainee)

Note: It is the responsibility of each facilitator to maintain a log of the workshops he/she participates in for personal recordkeeping validation. For information on local AVP councils go to [www.AVPCalifornia.org](http://www.AVPCalifornia.org) or write AVP CA, P.O. Box 3294, Santa Barbara, CA 93130. 800/905-6765