



**Ukrainian Catholic Eparchy of Saskatoon**  
**Українська Католицька Єпархія Саскатуну**

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**APPENDIX C**

**COVENANT OF CARE FORM**

Full Name:	
Parish/Organization:	
Ministry/Role:	

In signing below, I confirm that:

- I have read the Covenant of Care of the Eparchy of Saskatoon and understand what it asks of me and have been given an opportunity to ask any questions that I may have,
- I agree to abide by the *Covenant of Care* in my ministry, both in my actions and in promoting adherence among those with whom I minister, and
- I am aware of the *Abuse and Misconduct Protocol* that outlines the processes of reporting and investigating misconduct and abuse. I agree to abide by this protocol in the event that I breach the *Covenant of Care* myself, or become aware of a violation of the *Covenant of Care* in the context of ministry within or on behalf of the Eparchy of Saskatoon.

Further, I understand that an allegation of abuse may result in my immediate suspension from ministry, pending an investigation, and that violations of the *Covenant of Care* may result in being permanently released from ministry or program responsibilities.

_____ Employee or Volunteer Name (Printed)	_____ Signature of Employee or Volunteer	_____ Date (day/month/year)
_____ Name of Supervisor/Volunteer Leader (Printed)	_____ Signature of Supervisor/Volunteer Leader	_____ Date (day/month/year)

Covenant of Care Abuse and Misconduct Protocol Eparchy of Saskatoon – October 1, 2017

Available online at:

<http://www.skeparchy.org/wordpress/about-us/policies-and-procedures/eparchial-covenant-of-care-abuse-and-misconduct-policy/>