



Safeguarding
 Ukrainian Catholic Eparchy of Saskatoon
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Web: <https://www.skeparchy.org/wordpress/about-us/policies-and-procedures/eparchial-covenant-of-care-abuse-and-misconduct-policy/>

APPENDIX B:

VOLUNTEER SCREENING FORM

Full Name of Applicant:			
Contact Information	Street Address		City/Province
	Postal Code		
	Daytime	Evening	Cell
Email Address			
Current Parish/Organization:			
Ministry/Program:			
Position Title(s):			
Previous Related Experience	Title		
	Employment/Volunteer Organization	Position	From-To (month/year)
	Title		
	Employment/Volunteer Organization	Position	From-To (month/year)
References	By providing these names, you consent to these persons being contacted as references for you. Please sign: _____		
Please provide the names of three people who can speak to your suitability for this ministry. References should be informed that they might be contacted prior to receiving a phone call.	Name of Reference		
	Relationship	Phone	
	Name of Reference		
	Relationship	Phone	
	Name of Reference		
	Relationship	Phone	
In Case of Emergency			
Contact Information	Full Name		Relationship
	Daytime	Evening	Cell
OFFICE USE	<input type="checkbox"/> Covenant of Care Form Received	<input type="checkbox"/> Police Record Check Received	<input type="checkbox"/> Reference(s) Called
If assistance is required with volunteer screening, please contact the Eparchial Coordinator of Care.	<input type="checkbox"/> Screening Discussion Complete	<input type="checkbox"/> Volunteer Driver Application & Authorization Received OR <input type="checkbox"/> Not Applicable	
	<input type="checkbox"/> Approved for Ministry	OR <input type="checkbox"/> Not Suitable at This Time: _____	
	Name of Supervisor	Signature	Date