



Safeguarding

Ukrainian Catholic Eparchy of Saskatoon
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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 Policy* that outlines the processes of reporting and investigating misconduct and abuse. I agree to abide by this Policy 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)