



Safeguarding

Ukrainian Catholic Eparchy of Saskatoon
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APPENDIX H:

MINOR VOLUNTEER AUTHORIZATION FORM

My child, _____, who is age 14 through 17,
has requested to perform service as a volunteer for the Ukrainian Catholic Eparchy of Saskatoon at
_____.

I understand that the volunteer service may include work with children and other young persons. I also understand that my child may need to receive training in order to qualify to perform the volunteer service that is requested or assigned. I authorize my child to receive any necessary training and to perform volunteer service. I certify that I am not aware of any problem with or past conduct on the part of my child which indicates, to any degree, that my child may pose a risk of harm to himself/herself or to others with whom my child may interact as a volunteer. I understand that the Ukrainian Catholic Eparchy of Saskatoon and _____ retains the right, in its sole discretion, to determine whether my child may perform this volunteer service.

PARENT
(Signature)

CHILD
(Signature)

PARENT
(Printed Name)

CHILD
(Printed Name)

Date: _____

Date: _____