Safeguarding

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APPENDIX I: EPARCHIALVOLUNTEER SCREENING FORM

Volunteers Working in More Than One Parish or in Another Eparchial Ministry

This form is to be completed for any current volunteer who has been screened for a trust position by his/her home parish and is also volunteering his/her time, talents, or gifts to another parish or ministry within the Eparchy in a trust position. In order to volunteer in more than one Parish/Eparchial Ministry the following screening steps must be completed at the home parish and signed by the Pastor/Administrator.

Name of Volunteer:		
Address:		
Phone: Email:		
Parish:		
Address and Phone #:		
This volunteer has completed the screening requirements for a positive by the <i>Eparchial Safeguarding Policy</i> . Has been interviewed by home parish - Date:		
☐ Had reference checks completed by home parish – Date:		_By:
☐ Submitted to a Vulnerable Sector Check and was cleared - Date:	:	
☐ Has enclosed a copy of the most recent Offence Declaration, if m	nore than o	one year since last police check
☐ I have completed <i>Eparchial Safeguarding Policy</i> training and	will follov	w the <i>Eparchial Safeguarding</i>
Policy as well as any guidelines specific to my volunteer position and	nd agree to	be trained and supervised for:
		Ministry,
at		_ Parish/Eparchial Ministry.
Volunteer's Signature:	Date:	
Pastor's Signature:	Date:	
Parish Screening Committee:	Date:	
Received by:		Parish/Eparchial Ministry
Authorized Signature:	Date:	
Information Collection: Personal information on this form will be used for scre stored in a confidential locked cabinet in the Parish Office or Chancery Office. A	_	

should be directed to the Pastor/Administrator or the Eparchial Coordinator of Care. COPIES: Original - Confidential Volunteer File; Copy - Volunteer