



# Safeguarding

Ukrainian Catholic Eparchy of Saskatoon  
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## APPENDIX L: SOCIAL NETWORKING CONSENT FORM

To maintain transparency and parental involvement, this consent form is to allow parents/guardians to elect how Eparchial/parish/ministry leaders communicate electronically with minors.

Any and all electronic communication, including but not limited to, email, text, Facebook, Twitter, other social networking sites, etc., with minors will be ministry related and NOT personal in nature, as per the ***Eparchial Electronic Communication and Technology Policy***. Parents/guardians will receive information sent to minors through some means of communication, as per the same.

The person(s) being authorized to communicate with the minor is(are) in compliance with the Eparchy of Saskatoon's ***Safeguarding Policy*** with this Eparchy/Parish/Ministry.

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of Minor:** \_\_\_\_\_

**Name(s) of Ministry Leader(s):** \_\_\_\_\_

**Name of Parish:** \_\_\_\_\_

**Yes**, I authorize electronic communication with my minor, including via social media or other electronic means, in accordance with the ***Eparchial Electronic Communication and Technology Policy*** by employees or volunteers of the Eparchy.

**No**, I **do not** authorize electronic communication with my minor, including via social media or other electronic means, in accordance with the ***Eparchial Electronic Communication and Technology Policy*** by employees or volunteers of the Eparchy.

Approved **Parent** Communication Methods (**Check and specify all that apply**):

- Home Phone:** \_\_\_\_\_  **Cell Phone (phone/text):** \_\_\_\_\_
- Social Media Account(s):** \_\_\_\_\_
- Email:** \_\_\_\_\_  **Other (please specify):** \_\_\_\_\_

Approved **Minor** Communication Methods (**Check and specify all that apply**):

**Do not** contact my minor directly using electronic means, but please provide information electronically to me, the parent/guardian, as specified above.

- Home Phone:** \_\_\_\_\_  **Cell Phone (phone/text):** \_\_\_\_\_
- Social Media Account(s):** \_\_\_\_\_
- Email:** \_\_\_\_\_  **Other (please specify):** \_\_\_\_\_

If I choose to rescind my consent, I agree that I will inform the appropriate responsible party of the Eparchy/Parish/Ministry in writing and that my rescission will not take effect until it is received. I understand, however, that it may not be possible to recall any work or still or video images that have been published prior to receipt of my written rescission.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[This form is to be stored in a confidential file for Eparchial/Parish/Ministry use only.]