



Covenant of Care, April 29, 2020

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 Roman Catholic Diocese of Saskatoon and understand what the *Covenant of Care* 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, as amended from time to time*, in my ministry, both in my actions and in promoting adherence among those with whom I minister, and
- I am aware of the *Allegations of Serious Misconduct Protocol* that outlines the processes of reporting and investigating misconduct and sexual abuse. I agree to abide by this protocol, as amended from time to time, in the event that an allegation is raised about myself, or I become aware of a violation of the *Covenant of Care* in the context of ministry within or on behalf of the Roman Catholic Diocese of Saskatoon.

Further, I understand that an allegation of abuse will 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

Signature of Supervisor/Volunteer Leader

Date (day/month/year)