



Roman Catholic Diocese of Saskatoon
CATHOLIC PASTORAL CENTRE

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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* in my ministry, both in my actions and in promoting adherence among those with whom I minister, and
- I am aware of the *Sexual Abuse and Misconduct Protocol* that outlines the processes of reporting and investigating misconduct and sexual abuse. I agree to abide by this protocol 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 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)