

The Diocese of Niagara
Anglican Church of Canada

Name _____

Title _____
(clergy/employee/volunteer)

Please initial each statement as appropriate.

_____ I hereby acknowledge receipt of the Diocese of Niagara Sexual Misconduct Policy.

_____ I understand that to function as an ordained or lay person in ministry implies that the Church has entrusted me with responsibility to act for the well-being of others.

_____ I have attended a Sexual Misconduct workshop.

Date of workshop: _____ Place: _____

If you cannot check off any of the above statements or if you have questions about this, please contact the clergy of St. George's prior to signing off on this document.

Signature

Date

Instructions: All ordained and lay staff are expected to comply with the Diocese of Toronto Sexual Misconduct Policy. This signed form will be placed in the named person's personnel file or other suitable file if there is no personnel file. It will remain in the file for an indefinite period of time. Access to personnel files is restricted to the Incumbent, Churchwardens, and Screening Coordinator.