

#### Appendix 4 - Ministry Personnel Agreement Form and Covenant of Care

I (Name of Volunteer) \_\_\_\_\_ have read, understand and agree to comply with all the *Plan to Protect*<sup>®</sup> policies and procedures of Shuswap Community Church to protect the health and safety of Children, Youth and Vulnerable Adults at all times.

I also acknowledge the paramount importance of safeguarding in all respects all of those to whom we minister especially Children, Youth and Vulnerable Adults by:

- Following all of the directives of the policies;
- Complying with the information given in my training orientation;
- Using appropriate language;
- Showing no bias on account of gender, ethnic background, skin colour, intelligence, age, religion, socio-economic status; and
- Respecting confidentiality and privacy, unless a Child, Youth, or Vulnerable Adult is in danger, in which case I will notify the police or other appropriate civil authority.

Signature

\_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_