# DRAFT 2023-12-08



# ST. TERESA'S MUNDY POND CORPORATION

### Information Package for New Board Members / Volunteers

### including

Safe Environment Guidelines for Board Members / Volunteers of St. Teresa's Mundy Pond Corporation

> 120 Mundy Pond Road, St. John's, NL A1E 1V1 stteresasmundypondcorp@gmail.com

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### St. Teresa's Mundy Pond Corporation (STMPC) - Board Member / Volunteer Form

Date:
Name:
Date of Birth:
Address:
Town/City & Postal Code:
Email Address:
Home & Cell Phone:
How long have you lived at this address?
If less than 6 months, please provide previous address.
<u>Consent for Reference Checks and Consent for Police Records and Vulnerable Sector Checks</u> I consent to St. Teresa's Mundy Pond Corporation (STMPC) contacting the references I have provided and to collect personal information appropriate for the volunteer position in which I am interested. I further consent to St. Teresa's Mundy Pond Corporation requesting a police record check and vulnerable sector check as is required for the volunteer position I am interested. I will also provide <b>two pieces of</b> <b>identification one of which will be a photo ID</b> . I understand all information will be held in confidence.
Signature: Date:
References - Please provide 3 references who are not relatives and not members of the Board STMPC. As a courtesy, please obtain permission of your reference.
Name:
Address:
Town/City & Postal Code:
Complete Address:
Home & Cell Phone:
Name:
Address:
Town/City & Postal Code:
Complete Address:
Home & Cell Phone:
Name:
Address:
Town/City & Postal Code:
Complete Address:
Home & Cell Phone:

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#### SAFE ENVIRONMENT CHECKLIST - FOR SAFE ENVIRONMENT COMMITTEE (SEC) ONLY

#### **Date Completed**

	Board Member / Volunteer Information Form Completed
	References Provided
	Consent for Reference Checks Signed
	Consent for Police Record Check and Vulnerable Sector Check Signed
	Two pieces of Identification, one of which is a photo ID Provided
	Police Record Check and Vulnerable Sector Check sent to Police
	Part A - Covenant and Oath of Confidentiality Signed
	Part B - Covenant of Care Signed
	References Contacted, Forms Retained, and Signed by SEC member
	Police Record Certificate Retained
	Vulnerable Sector Check Certificate Retained
-	
	Date:

**STMPC Safe Environment Committee Board Member** 

Date:

President, St. Teresa's Mundy Pond Corporation

#### APPLICATION FOR



#### CRIMINAL RECORDS SCREENING CERTIFICATE

Please complete this form and submit with a **\$20.00 fee** (non-refundable) to the **RNC Cash Office**, at 1 Fort Townsend off Parade Street. **Interac** is available for your convenience.

Cash Office is open from 9:00 - 4:30 weekdays. Summer hours are 9:00 – 4:00 weekdays.

Processing will take a minimum of ONE WEEK, excluding weekends and holidays.

An Applicant must provide: two (2) valid pieces of identification, one of which must be government-issued and include the Applicant's name, date of birth, signature and photo.

#### SECTION 1

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
- (b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
- (c) With the exception of SECTION 2 of this application, I understand that any certificate that may be issued in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person or body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.

(d) The disclosure of any information resulting from this search is my responsibility.

Last Name:	Maiden Name				
Name (Proper birth names required)					
F	irst	Second		Third	
Home Phone#	Wo	rk Phone # _			
Date of Birth: Year Month Day	City/Towr	and Provinc	e of Birth: _		
Current Street Address:		City/Tow	/n:		
Province:		Postal Code:			
Gender: Height:	Weight:	Eye	Colour:		
APPLICANT'S SIGNATURE:		DAT	E:		
If you answer "yes" to any of the follo	wing question, ple	ase attach de	etails.		
1. Have you been convicted of any of	ffence in Canada o	r the United	States?		
YES O NO O					
2. Have you ever changed your name	?				
YES O NO O	Previous Name				
		First			
<ol> <li>Have you ever been prohibited by substance?</li> </ol>	/ any court from p	ossessing a	ny firearm, a	ammunition, or	explosi
YES O NO O	If yes, Details:				

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Searches will only be completed for the following purposes:

Please check the purpose(s) that apply to your request:	Please check the	purpose(s)	that apply to	your request:
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0	Required by statute or regulation:	Statute:
		Regulation:
Ο	Required for foreign work or travel	
X	Required by agency or group dealing volunteers. (complete Section 2 be	g with children, elderly, physically, or mentally challenged persons & low)
Ο	Required for adoption (complete Sec	tion 2 below)
Ο	Required for licence: Licence Type:	
Ο	Required for education institution:	Education Institution:
Ο	Required for employment	
Ο	Required for Pardon	
Ο	Other	
		you agree that you are making this application for disclosure of any JTH CRIMINAL JUSTICE ACT. Should you be denied a search

record you may have pursuant to the **YOUTH CRIMINAL JUSTICE ACT**. Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.

#### **SECTION 2**

This Section is to be only completed by those applying to work or volunteer with agencies or groups dealing with children or young persons (under 18 years), elderly, physically or mentally challenged persons.

Name of Agency or Group: St. Teresa's Parish

Address: <u>120 Mundv Pond Road</u>City/Town: <u>St. John's. NL</u>Postal Code: <u>A1E 1V1</u>

Contact Person: \_\_\_\_\_\_Telephone: 579-0065

Position volunteering for:

In making this application for a Criminal Record Screening Certificate, I agree to allow the Royal Newfoundland Constabulary to:

- (a) extend the search to include current investigations and present and or pending charges;
- (b) notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; and
- (c) notify the agency or group representative of any present or pending charges against me.

(Sign only if completing Section 2)

Signature of Applicant:

#### \*\*Please attach authorization letter for volunteer applications.\*\*

Date:

Office Use Only

CPIC Check: Court Check:	PIRS Check: Other Check:
CAN Check: Certificate Number:	Receipt Number:
Signature Records Staff:	Date:

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### **Consent for Criminal Record and Vulnerable Sector Check** (For a Sexual Offence for Which a Pardon has been Granted or Issued)

<u>Note:</u> This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

#### **Reasons for the Consent**

I am an applicant for a paid or volunteer position with a person or organization responsible for the wellbeing of one or more children or vulnerable persons.

Description of the paid or volunteer position:

The name of the person or organization is:

Provide details regarding the children or vulnerable persons:

#### **Consent**

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If, I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

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Signature

Date of Birth (Y/M/D)

Date

Name (please print)

Maiden Name (please print)

RNC #315 20110217

#### **Board of Directors (UNPAID) or Volunteer**

Name and Position on the Board / Volunteer:

#### PART A - Covenant & Oath of Confidentiality

#### <u>**PART A</u>** - Please $\sqrt{as}$ you agree</u>

*I hereby agree that:* 

- $\Box$  I have received and read the following:
  - St. Teresa's Mundy Pond Corporation By-Laws;

- Terms of Reference for Directors of St. Teresa's Mundy Pond Corporation; and - the Safe Environment Guidelines for Board Members / Volunteers of St. Teresa's Mundy Pond Corporation (Containing: Guidelines Regarding Vulnerable Persons; Guidelines Regarding Children; Reporting Abuse and Inappropriate Conduct of a Board Member; and a blank Incident Report Form.)

- $\Box$  I have completed and signed the *Board / Volunteer Information Form* and required forms.
- □ At all times while representing **St. Teresa's Mundy Pond Corporation**, I will respect and uphold our Catholic principles and standards of behaviour.
- □ I agree that I will not disclose confidential personal, financial or other information regarding the membership of the Corporation or the general operations of the Corporation outside the Board of the Corporation, with the exception of information that a child is or may be in need of protective intervention, in which case I shall report the matter as required by law.
- □ I understand that I represent this Corporation as a volunteer only when I am functioning in that position.
- $\Box$  I will provide adequate notice to the Board of STMPC if I am leaving before my term is complete.

### PART B - Covenant of Care

#### **<u>PART B</u>** - Please $\sqrt{as}$ you agree

*I acknowledge the paramount importance of safeguarding, in all respects, children, youth and vulnerable adults, by:* 

- □ following all of the directives in the Safe Environment Guidelines for Board Members / Volunteers of St. Teresa's Mundy Pond Corporation;
- $\Box$  respecting others through the use of appropriate language; and
- $\square$  showing no bias on account of gender, ethnic background, skin colour, intelligence, age, religion, sexual orientation or socio-economic status.

X		Date:	
	Signature of Board Member / Volunteer		
		Date:	
	STMPC Safe Environment Committee		

#### Guidelines Regarding Vulnerable Persons

The following guidelines are intended to provide a general overview of how volunteers should interact with the most vulnerable. It is recognized that unforeseen circumstances can and will occur. Guidelines provide clear rules for behaviour so that Board members / volunteers will understand what is expected of them.

- Board members / volunteers are to act within the stated activities and responsibility of their position on the Board only.
- Board members / volunteers should not spend extended time alone with vulnerable people, such as seniors, children or disabled individuals, without the consent and knowledge of the President of STMPC.
- Board members / volunteers who are to be with a vulnerable person must respect that person's privacy.
- Board members / volunteers must keep information such as medical, financial and emotional states, confidential.
- Board members / volunteers should inform the President if they observe serious safety problems or signs of abuse.
- Board members / volunteers should not take money or property from the vulnerable person for ministry.
- Board members / volunteers are to act at all times in accordance with the teachings of the Roman Catholic Church.
- Board members / volunteers should treat everyone with respect.

These guidelines are not intended to hamper relations between Board members / volunteers and the Corporate membership. More importantly, they are not designed to introduce suspicion into these relationships. In all cases a certain amount of discretion rests with the Board member / volunteer, based on his or her knowledge and preparation.

A very important step to help ensure the safety of our most vulnerable people, the integrity of our Corporation, and the well being of our Board members / volunteers is being open or transparent. Being transparent means being truthful, candid, open and frank about your activities.

#### Guidelines Regarding Children

Society has become very sensitive to ensuring the safety of children. There are numerous examples of adults abusing the trust of children. These guidelines are not intended to hamper relationships between adults and children or to create suspicion. These steps are to help ensure the safety of our children and the integrity of our programs. While Board members / volunteers of St. Teresa's Mundy Pond Corporation will not work with children, we provide general guidelines for our Board members / volunteers.

- Respect the dignity and spirt of children and youth. Exercise good judgment and common sense around them.
- Board members / volunteers should not spend extended time alone with children.
- Board members / volunteers who form a relationship with children through parish activities should not seek out opportunities to spend time with a child offsite.
- Avoid potentially compromising situations by ensuring, where reasonably possible, that at least two adults are in attendance. This prevents the potential of abuse and allegations of abuse.
- Do not use vulgar or inappropriate language around children and youth. Do not shout, swear or call children names.
- Board members / volunteers should not take children in their vehicle.
- Never hit or shake a child even in so-called "play". Do not use physical punishment of any kind.
- Realize that bullying, neglect, physical, verbal or cultural abuse and sexual harassment or any other type of abuse is unacceptable conduct.
- Be alert to children at risk, know the signs of abuse. If abuse is suspected, it is your responsibility to report it.
- Board members / volunteers operate in a position of trust. Personal information is to be kept confidential.
- Confidentiality does not need to be respected in the following situations -When the child or youth threatens suicide.

-When a minor (16 and under) reports physical or sexual abuse.

-When the Board member / volunteer or someone else's well being is threatened.

-When the situation is beyond the Board members / volunteers experience or expertise. In these situations the Board member / volunteer should share the information with the President.

### \*See the attached for reporting procedures.

#### *Reporting Abuse and Inappropriate Conduct of a Board Member / Volunteer*

Everyone has a responsibility for the welfare of children, seniors, and other vulnerable persons. Abuse or inappropriate conduct may occur while a person is serving as a volunteer on the Board of STMPC. A Board member / volunteer may discover an instance of abuse on the part of another Board member / volunteer or other individual. Should this occur, the Board member / volunteer has the responsibility to report it according to the procedures below. If you are unsure about your suspicion, you may consult a police office or social work for clarification.

### **Reporting Procedures**

#### In the case of a child 16 years of age or younger, there are two steps to follow:

Step 1: The provisions of the *Children, Youth and Families Act* (SNL2018 Chapter C-12.3 section 11) oblige a person who has information that a child is or may be in need of protective intervention, to report the matter immediately to a manager in the Department of Children, Seniors and Social Development, a social worker or a peace officer providing the details of the incident.

Step 2: The Board member / volunteer must then immediately inform the President of STMPC of the matter and create a written report providing the information obtained (See attached form). If the alleged abuse or misconduct in on the part of another Board member / volunteer, that Board member / volunteer must immediately withdraw from the Board / volunteering. The President will then call a meeting of the Board as soon as possible to inform the other Board members of the incident.

#### In the case of a person over 16 years of age:

Step 1: Contact the President of STMPC to inform of the matter. Write a report on the situation as soon as possible and give a copy to the President of the Corporation.

Step 2: If the alleged abuse or misconduct in on the part of another Board member / volunteer that Board member / volunteer must immediately withdraw from the Board. The President will then call a meeting of the Board as soon as possible to inform the other Board members of the incident.

#### Documentation of the Suspected Abuse and / or Inappropriate Conduct

Document any observations of abuse or inappropriate behaviour (and any related statements or conversations) as soon as possible while your memory is still fresh. Describe the incident or situation and include the date, time and location of the incident. Include the names of anyone who may have witnessed it and what actions were taken (for example, it was reported to a social worker or peace office, a priest was contacted, or certain persons were spoken to).

A sample incident report form is attached. Keep these documents strictly confidential and give them to the President. If the alleged abuse or inappropriate behaviour was on the part of a Board member, a copy of the incident report will be placed in the Board member's file.

# **Incident Report Form**

Date and Time:
Name of Person Reporting the Incident:
Location of the Incident:
Parties involved in the Incident:
Summary of the Incident:
Actions Taken and / or Follow-up Necessary: