

CHURCHES/CHARITABLE ORGANIZATIONS



NAME OF ORGANIZATION/CORPORAT	TION:				
MAILING ADDRESS:					
POLICY NUMBER: LPP	OR NEW POLICY APPL	LICATION [
Please check the box (or boxes) that best describes your organization's operation and activities: Church Congregation					
(I	PLEASE CHECK IF YES)		EMPLOYEES/ MINISTERS	VOLUNTEERS	
Signed Employees/Volunteer Appl references/criminal record checks	lication (including ministry agreement and reles	ease for			
Criminal Record Checks: (i.e. C.P.					

	MINISTERS	
Signed Employees/Volunteer Application (including ministry agreement and release for references/criminal record checks		
Criminal Record Checks: (i.e. C.P.I.C. and V.S.V.) ➤ New Applicants – checked prior to eligibility ➤ Existing Workers – re-checked as follows: • Camping and Short-Term Missions Organizations – Annually • Schools, Day Cares and Nurseries – Every Three (3) years, or less • Churches and All Other Organizations – Every Five (5) years, or less Note: For Existing Workers being re-checked or for New Applicants born January 1, 1986, or later, a C.P.I.C. or E.P.I.C. can be done in lieu of a C.P.I.C. and V.S.V. * C.P.I.C. means named-based Police Check through Canadian Police Information Centre * V.S.V. means Vulnerable Sector Verification (Screening) * E.P.I.C. means Enhanced Police Information Check (available through Third Party Providers)		
Background Reference Checks (minimum 2) for new Employees/Volunteers		
Personal Interviews for new Employees/Volunteers		
Minimum 6-month waiting period for Volunteers new to your organization prior to eligibility	N/A	

Note: Refer to Abuse Prevention Made Easy(er) (ie Newsletter) for full details regarding Screening requirements and options.

4. We have implemented written procedures for prevention through the following Operational Procedures : (PLEASE CHECK IF YES)	. We conduct Training for all children's and youth ministr and other workers in positions of trust with minors or vulnerable adults to assist them in understanding the			
☐ Prohibiting corporal punishment and inappropriate	issue of abuse, abuse prevention and the legal			
touching, affection or discipline	responsibility to report actual or alleged incidents,			
☐ "Two adult rule" (unrelated) for off-premises contact	including the following:			
never alone with children and youth (refer to	(PLEASE CHECK IF YES)			
"Good/Better/Best" chart In Newsletter - page 7) ☐ Addressing health, safety and sanitation issues to	☐ Initial training for all new workers			
prevent child neglect	☐ Annual refresher training for Operational Procedures,			
 Age appropriate supervision of washroom breaks (refer to Newsletter - FAQ Question 3 - page 7) 	Premises and Responding protocol (refer to Items 4., 5. and 7. of this Declaration form)			
internet access, individual photography of children and vehicle transportation by a worker alone with unrelated minor Obtaining written parental consent for sponsored off-premises or overnight activities and field trips Implemented a social media use policy for youth programs addressing appropriate communication, content and confidentiality Keeping confidential documentation on file indefinitely for all workers, including original Criminal Record Checks Annual or bi-annual internal audit, including report to board (refer to Newsletter - page 12) 5. We have modified or altered our Premises to prevent or discourage abuse incidents by ensuring the following:	 7. In cases of suspected or alleged abuse, our written protocol for Responding includes the following:			
(PLEASE CHECK IF YES) □ "Two-adult rule" and/or "open door policy" and/or windows in all classrooms and/or designated monitors				
circulating periodically from room to room, for surveillance and to protect workers against false allegations Controlled access and parental sign-in/sign-out for nursery facilities Parental sign-in/sign-out for children's programs (under Grade 1 mandatory)	Note: For any boxes left unchecked, please attach a written explanation signed by the authorized representative of the organization. Approval is subject to underwriting review. Please keep a photocopy of this Declaration form for your records and for your internal auditing purposes.			
Declaration				
We, the undersigned, are duly authorized to make representations	1			
on behalf of the organization/corporation and apply for coverage eligibility under a contract of liability insurance (new policy or renewal) with the participating Insurer(s) arranged through	Name of Executive Director, Minister or Children's Ministry Director			
Robertson Hall Insurance Inc. To the best of our knowledge and after having made reasonable inquiries, we hereby state that all of the	Title			
declarations contained in this document are accurate and true, and				
that our organization/corporation is in compliance with the provisions of its abuse prevention plan, as stated in this Abuse Prevention Declaration. We understand and recognize that any misrepresentation of these declarations, whether through false or partial disclosure or omission to disclose resulting in a sexual, physical, psychological or	g			
emotional abuse, molestation, harassment, corporal punishment or	2			
child neglect claim, may be grounds for material breach of this	Name of Chairman or President of the Board			
contract of insurance and consequently, denial of coverage in whole				
or in part for such claim (s) under our policy.	Title			
~ TWO NAMES AND SIGNATURES ARE REQUIRED ~	THE			
NOTE: IF THE NAMES HERE ARE RELATED INDIVIDUALS,				
PLEASE PROVIDE A 3rd SIGNATURE FROM AN UNRELATED	Signature Date			





Any boxes left unchecked, please attach a written explanation: 431 Richmond Street, Suite 300, London, ON N6A 6E2

