



Diocese of Toronto
Anglican Church of Canada

Sexual Misconduct Policy Acknowledgement Form

Name _____
(please type or print name)

Title _____
(clergy/employee/volunteer)

Please initial beside each statement to verify your concurrence with it:

_____ I hereby acknowledge receipt of a copy of the Sexual Misconduct Policy of the Diocese of Toronto.

_____ I understand the contents of the Sexual Misconduct Policy of the Diocese of Toronto.

_____ 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 Policy training 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 diocesan Canon Pastor prior to signing off on this document.

Signature

Date

Instructions: All ordained and lay staff are expected to comply with the Sexual Misconduct Policy of the Diocese of Toronto. This signed form will be placed in the named person's personnel file or other suitable confidential file if there is no personnel file. It will remain in the file for an indefinite period of time. Access to clergy personnel files is restricted to the person named on the file, the College of Bishops, the Human Resources Staff, and Archivist.