



Diocese of New Westminster, Anglican Church of Canada

Parish/ Organization Name

Screening in Faith

Appendix E (1 of 2)

Screening Checklist Instructions

Purpose:

This form will track the implementation of the screening standards. It will become part of the parish record of an appointment or refusal to appoint, to a medium or high risk position. A copy of each completed parish checklist will be part of a permanent record held in the Diocesan Office for high risk positions only.

Procedure for Medium and High Risk positions:

The parish/diocesan organization must keep a record of the screening procedures and supporting documents for all paid or unpaid persons appointed to medium and high risk positions.

Note: Records must be kept on all candidates for high risk positions for which an application is received, *whether the candidate is appointed or not*. This is important information and would be critical information in the event of litigation.



Parish/ Organization Name

Screening in Faith

Appendix E (2 of 2)

Screening Checklist

For Medium and High Risk Positions

Ministry Position: _____ Risk: Medium High
 Applicant's name: _____ Male Female
 Address: _____
 Home Phone: _____ Work Phone: _____
 E-mail: _____

Medium and High Risk Positions

	Date Completed	Signature
One year in parish or former parish reference	_____	_____
Application/Time and Talent Record	_____	_____
Ministry Position Description provided	_____	_____
Interview	_____	_____
Sign Ministry Guidelines, where applicable	_____	_____
Position-specific training	_____	_____
Sexual Misconduct Policy training, where applicable	_____	_____

High Risk Positions Only, where applicable

Reference 1	_____	_____
Reference 2	_____	_____
Reference 3	_____	_____
Criminal Records Check with Vulnerable Sector Check	_____	_____

Date of acceptance: _____

Reason for refusal:

Interview References Criminal Records Check/VSC Other: _____

Refusal discussed with Incumbent/ Organization Leader: Yes No Date: _____

Refusal discussed with others: Yes No Date: _____

If yes, print name(s) and give reason: _____

I acknowledge that these screening standards were completed and I agree with the decision to proceed or refuse this candidate's ministry in the position stated above.

Incumbent: _____ Signature: _____

Instructions: Place this completed document in the applicant's file in a locked filing cabinet in the parish.