

Diocese of Prince George

6500 Southridge Avenue Prince George, BC Canada V2N 5P9 Phone: 250-964-4424 Fax: 250-964-2101

Form 5: Screening Requirements Report

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Parish name	e:			Date:					
Pastor's name:				Signature:					
of January e blank space attach an e when the re	ign and return to the Vice each year. Make additional esting completion of explanatory note to the forequired task(s) is/are expense Diocesan website - www.	copies of of each reorm outline to be	pages as rec quirement. ing the rease completed	quired. Place If a screenir on for the d . [Form is ava	check mang require elay and ailable fo	arks in the a ement is o an approx r download	appropriate utstanding, imate date		
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Ministry	Name of person (please list in alphabetical order by last name)	Risk Level Indicate High or General		Check if com	pleted:		Date approved by pastor (yyyy mm- dd-)		
			Two (2) Reference Letters on file or existing volunteer approved by pastor	Attended Safe Parish & Community Session	Pledge read & signed	Criminal Record Check complete			



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