



Safeguard Religious Organization Supplement

Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking clergy or executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

General Information

1 Name of Applicant: _____

Applicant details

2 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
Priests or clergy				
Coaches				
Counsellors				
Office staff				
Missionaries (outside of domicile)				
Foreign missionaries (visitors)				
Other (please describe)				
Totals				

Organization details

3 Size of parish/members/congregation _____

4 Please check yes or no in the grid below:

Services	Yes	No
Day camps		
Overnight camps		
Third party usage of site for camps		
Religious education		
Counselling services		
Athletics programs/facilities		

Loss Prevention Efforts

5 Please check yes or no in the grid below:

Method	Yes	No
Security on site		
Cameras		

6 Detail any other methods of loss prevention _____
