



# CENTRAL UNITED CHURCH



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## BEHAVIOURAL COVENANT COMPLIANCE AGREEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

All persons attending or participating in activities at Central United Church or activity in the community that is sponsored by Central United Church, including ministerial personnel, staff, congregants, guests, visitors, volunteers, and renters are expected to conduct themselves in a manner consistent with the Central United Church Behavioural Covenant. This Behavioural Covenant supports an environment in which individuals feel safe and secure regardless of gender, ethnicity, racial origin, sexual orientation, age, marital or family status, religion, political beliefs, personally held beliefs, physical or mental ability, or economic status.

I breached the Behavioural Covenant on (date) \_\_\_\_\_

by \_\_\_\_\_

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I have attended a meeting with members of the Duty of Care Team, witnesses to my actions as indicated in the non-compliance report and \_\_\_\_\_,  
the chairperson of \_\_\_\_\_ and Rev. \_\_\_\_\_.

Because I am a minor my parent(s)/guardian(s) \_\_\_\_\_ and the  
Central United Church Children's Ministry or Youth Coordinator \_\_\_\_\_  
also attended.



In the Heart of the City, the Church with the City in its Heart

We have discussed my infraction, and the harm it has caused and discussed ways to improve the situation.

I understand that by signing this Compliance Agreement I agree to comply with the Central United Church Behavioural Covenant so that all can feel safe and secure.

I also understand that with any further non-compliance on my part, this issue will be passed on to Central United Church Board which has the authority to take action ranging from temporary suspension from some activities to removal of their membership from the Historic Roll at Central United Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parents/Guardian if a minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Duty of Care Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minister

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
Date

*Appendix 4 ~ Duty of Care Policy and Procedures  
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