



Child Protection and Vulnerable Persons Policy Acknowledgement Form

As a staff member or volunteer of the YMCA of Newfoundland and Labrador:

- I have received the Child Protection and Vulnerable Persons Policy and Procedures;
- I understand my legal duty to report under the Department of Children, Seniors and Social Development; and the YMCA of Newfoundland and Labrador.
- I understand my personal responsibility and the actions required by me.

Employee or Volunteer

Name: _____
(Please print)

Position: _____

Department: _____

Signature _____ Date: _____
(Day/Month/Year)

Facilitator: _____ Date: _____
(Day/Month/Year)

Note: The facilitator can be your supervisor or your supervisor once removed. When completed, this form is to be uploaded by the Employee into their Payworks profile.