

Shine On

**CHILD SAFETY POLICY AND VULNERABLE PERSONS POLICY ACKNOWLEDGEMENT FORM**

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

- I have received the Child Safety and Vulnerable Persons policies and procedures;
- I understand my legal duty to report under The Department for Children, Seniors, and Social Development; and the YMCA of Newfoundland and Labrador;
- I understand my personal responsibility and the actions required of me.

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Employee

Volunteer

Name: \_\_\_\_\_  
(please print)

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Day/Month/Year)

Facilitator: \_\_\_\_\_

Date: \_\_\_\_\_  
(Day/Month/Year)

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