



**ORAT**  
Office for Refugees  
Archdiocese of Toronto

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## **VOLUNTEER KIT FOR CONSTITUENT GROUP (CG) MEMBERS**

*“For I was a stranger and you welcomed me”... (Matt 25:35)*

In order to fulfill Immigration, Refugees and Citizenship Canada’s (IRCC) requirement to be involved in the Resettlement program, every member of the Constituent Group (CG) should fill out the forms enclosed. Please email a copy to ORAT and give the originals to the CG Chairperson.

If you have any questions or would like to submit this form please contact ORAT at [oratoutreach@archtoronto.org](mailto:oratoutreach@archtoronto.org) or 416-934-3400 ext. 803

The Certification page is required only if a Constituent Group (CG) member needs to connect with the Reception Centre or other institution.

If you would like to learn more, please consult the following web sites/ pages:

<http://www.archtoronto.org/refugee/>

<https://www.archtoronto.org/catholic-outreach/social-justice-outreach/refugee-sponsorship>

<http://www.cic.gc.ca/english/refugees/index.asp>

<http://www.rstp.ca/en/>

<http://www.unhcr.org/cgi-bin/txis/vtx/home>

**CG MEMBER CONTACT INFORMATION**

Constituent Group (CG) Name:

\_\_\_\_\_

Parish/ Religious Order/ Catholic Institution/ Committee

CG Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Phone Number (2): \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Facebook profile (if available): \_\_\_\_\_

WhatsApp/Viber (if available): \_\_\_\_\_

E-mail (please print): \_\_\_\_\_

## SELF-ASSESSMENT

*Please check the appropriate box*

1. Are you 18 years of age or older? Yes  No
2. Are you a Canadian citizen, a Registered Indian or a Permanent Resident? Yes  No
3. Do you or your representatives reside in the expected community of resettlement? Yes  No
4. Have you ever been charged or convicted of a serious crime, inside or outside of Canada, by any court or commission? Yes  No
5. Are you in default of any court-ordered support payment obligations? Yes  No
6. Are you currently detained in any penitentiary, jail, reformatory or prison? Yes  No
7. Have you been ordered to leave Canada? Yes  No
8. Are you subject of revocation proceedings under the *Citizenship Act*? Yes  No
9. Are you aware of any condition or relevant information that could jeopardise your participation in refugee sponsorship? Yes  No

*If you answered "No" to questions 1-3 or "Yes" to questions 4-8, please provide details below and discuss with ORAT at your earliest convenience.*

## CONFIDENTIALITY DECLARATION

I \_\_\_\_\_, the undersigned, do willingly promise to hold in confidence all matters that come to my attention in the performance of my duties as a member of the Constituent Group (CG) at \_\_\_\_\_ Parish/Community, including personal, medical, immigration or any other information from or about clients/refugees/newcomers/applicants /sponsors and, in addition any confidential information relating to ORAT (Office for Refugees, Archdiocese of Toronto).

I understand that I must respect the privacy of the people whom I serve by not disclosing any personal information. If any concerns or issues should arise, I will confer only with the chairperson/designated members of the committee and the designated staff at ORAT.

**Temporary exception:** Any information that the Constituent Group chair approves as necessary to be shared in a given time/ occasion within the closed circle of the Parish (the parishioners, parish organizations and volunteers) in order to enable them to assist the CG in fundraising and to sponsor and settle the refugee family. However, this information can not jeopardise the safety, and cannot violate the privacy and interest, of the refugees.

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

Date and Place: \_\_\_\_\_

Witness: \_\_\_\_\_

**Photo/ video release and conflict of interest declaration**

I, \_\_\_\_\_, hereby give permission for images of myself and of minors in my care to be captured during regular and/or special ORAT (Office for Refugees, Archdiocese of Toronto) activities through photo or video, to be used solely for the purposes of ORAT's information materials and publications, understanding that I waive any rights of compensation or ownership thereto.

I understand that anyone participating in resettlement must not have had any kind of financial relationship or business activities with the refugee/newcomer. For instance, providing loans, investments, selling to or purchasing anything from the newcomer, renting accommodation, etc.

I understand that CG members should not enter into a relationship of a professional, business (commercial) or otherwise - with the refugees/newcomers during the resettlement period. This includes abstaining from co-signing or signing on behalf of the refugee/newcomer any legal or financial obligations (e.g. rental lease, cell phone and internet contract etc.)

I will declare conflict of interest if any circumstance arise. I accept the above conditions:

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

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

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

Witness: \_\_\_\_\_

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