

## Appendix A

### Questionnaire for AMBER STAGE Of *Loving our Neighbours*

*This questionnaire is intended to assist your parish in confirming that you have considered all of the steps and decisions you will need to make to move ahead safely with the AMBER stage of the return to our buildings. Please return this to the Bishop's Office either by scanning the signed copy and emailing to [reception@huron.anglican.ca](mailto:reception@huron.anglican.ca) or mailing to Huron Church House, 190 Queens Ave, London, ON N6A 6H7 attention Reception.*

**\*\*\*Parishes may not hold indoor worship services until this document has been returned to Church House\*\*\***

1. Have you reviewed *Loving our Neighbours AMBER Stage* and considered how these guidelines may impact your plan to return to in-person worship and other gatherings?  
Yes\_\_\_ No\_\_\_
  
2. Which of the following have you developed a plan for and intend to proceed or continue with?
  - a. Indoor worship
    - i. Services of the Word  
Yes\_\_\_ No\_\_\_
    - ii. Eucharist  
Yes\_\_\_ No\_\_\_
    - iii. Weddings  
Yes\_\_\_ No\_\_\_
    - iv. Funerals  
Yes\_\_\_ No\_\_\_
    - v. Baptism  
Yes\_\_\_ No\_\_\_
  - b. Fellowship or Formation activities  
Yes\_\_\_ No\_\_\_
  - c. Food sustainability programs (food banks, meal programs)  
Yes\_\_\_ No\_\_\_
  - d. Building use by 12-steps groups  
Yes\_\_\_ No\_\_\_
  - e. Building use by licenced day care  
Yes\_\_\_ No\_\_\_



f. Use by other renters

Yes\_\_\_ No\_\_\_

g. Return of clergy and staff to church offices

Yes\_\_\_ No\_\_\_

3. If someone who has attended in-person worship or fellowship at a parish activity or volunteered with a food sustainability program contracts COVID-19, do you have a plan for how you will communicate with your congregation, members and clients who may have come into contact with that individual, while remembering privacy and pastoral care?

Yes\_\_\_ No\_\_\_

4. What practical support do you need from your Territorial Archdeacon or from the Bishop's Office to help with the implementation of these plans?

Signed:

***Incumbent***

\_\_\_\_\_  
Print Signature Date

***Parish Re-opening Coordinator***

\_\_\_\_\_  
Print Signature Date

***Churchwardens***

\_\_\_\_\_  
Print Signature Date

\_\_\_\_\_  
Print Signature Date

