



# The Anglican Diocese of Moosonee

## Questionnaire - Entering the Amber Stage

*This questionnaire is intended to assist your congregation 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 your Territorial Archdeacon either by scanning the signed copy forwarding it by email, or delivering by post or in person.*

**Congregations may not hold indoor worship services until this document has been completed and provided to your Archdeacon.**

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, Daily Office, Taize Prayer, etc.  
Yes\_\_\_\_\_ No\_\_\_\_\_
    - ii. Eucharist  
Yes\_\_\_\_\_ No\_\_\_\_\_
    - iii. Weddings  
Yes\_\_\_\_\_ No\_\_\_\_\_
    - iv. Funerals  
Yes\_\_\_\_\_ No\_\_\_\_\_
    - v. Baptism  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
  - b. Fellowship and Formation groups & activities  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
  - c. Food sustainability and other ministries to vulnerable persons  
Yes\_\_\_\_\_ No\_\_\_\_\_
  
  - d. Building use by 12-step and other support groups  
Yes\_\_\_\_\_ No\_\_\_\_\_

e. Building use by licenced day care or other renters

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

f. Opening of church offices

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

3. If someone who has attended in-person worship or fellowship at a parish activity or volunteered with an outreach ministry contracts COVID-19, do you have a plan for how you will communicate with your congregation, members, volunteers, 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 Synod 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

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Signature

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Date