

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sarnia Police Services

C.P.I.C.

555 Christina Street North

Sarnia, Ontario

RE: Police Clearances

Dear Sir:

This is to inform your department that the person listed below is a volunteer with the Sarnia Hockey Association who will be volunteering for activities for children 4-18 years. Please conduct a Vulnerable Persons Screening Check for the applicant listed below.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please find attached the information sheets required by your department. The applicant will supply two pieces of identification.

Also, please be advised that the undersigned is the only member of the Sarnia Hockey Association who is privileged to the information given by your department to the Sarnia Hockey Association.

All information is kept confidential, unless there is something in the record of the applicant that needs to be discussed by the undersigned with the applicant.

