

Request for Vulnerable Screening Check

TO BE COMPLETED BY REQUESTING ORGANIZATION

Reason for Request		□Employment		₽vo	✓Volunteer		
Name of Organization	South	South Simcoe Minor Hockey Association					
	Innisfil Minor Hockey and Bradford Minor Hockey						
Name of Contact at Organization		Andrea Logan		1	Telephone #	705-309-7707	
Name of Applicant							
Position Being Applied For:							
In which Vulnerable Sector will	the App	licant be W	orking?				
According to the Criminal Recording to the Criminal Recordisability or other circumstance	-	-	•		means person v	who, because of th	
a) Are in a position of	dependei	nce on othe	rs; or				
b) Are otherwise at a gauthority or trust re	-		general populati	on of	being harmed	by persons in a po	
☑Children Under the Age of 18		erly	□Disabled	☐ Other Circur		nstance	
Please specify the circumstance	s that red	quire a Vuln	erable Sector Ch	neck:			
Mogan				_			
Signature of Organization Representative				ĺ	Date		