



**Port Stanley Minor Hockey Association**

P.O. Box 4, Port Stanley, On N5L 1J4

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St. Thomas Police Service  
45 Caso Crossing  
St. Thomas ON  
N5R 0G7

To whom it may concern,

On behalf of the Executive of the Port Stanley and Area Minor Hockey Association, I would like to request a Criminal Records Check and Vulnerable Sectors Screening to be performed On:

This individual is volunteering for \_\_\_\_\_ position, on \_\_\_\_\_ within our Association and is required to complete the requested background check every 3 years in order to volunteer within our organization.

Thank-you for your assistance.

Sincerely;

Richard Lalonde  
President,  
Port Stanley Minor Hockey Association