



Port Stanley Minor Hockey Association

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

Ontario Provincial Police Department
St. Thomas-Elgin Detachment
42696 John Wise Line
St. Thomas ON
N5P 3S9

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:
Enter Name

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;

Terry Taylor
President,
Port Stanley Minor Hockey Association