



Port Stanley Minor Hockey Association

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

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:

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