## Request For a Criminal Records Check and Judicial Matters Check Request For Vulnerable Sector Check

Note: The ski club must modify this letter to adhere to any requirements from the VSC provider

| CLUB NAME:                                                                                                   | <del></del>                                                                           |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| INTRODUCTION                                                                                                 |                                                                                       |
| The above mentioned club is requesting a \ individual's full name] who identifies as a _ [insert birthdate]. | Vulnerable Sector Check for [insert gender identity] and who was born on              |
| DESCRIPTION OF ORGANIZATION                                                                                  |                                                                                       |
| The above-named club is a ski club affiliated operations include                                             | d with Nordiq Canada and Cross Country Ski Ontario. Its                               |
| DESCRIPTION OF ROLE                                                                                          |                                                                                       |
|                                                                                                              | I's name] will be acting as a<br>dividual will have access to vulnerable individuals. |
| [Insert additional information re: type and                                                                  | number of vulnerable individuals, frequency of access, etc.]                          |
| NATURE OF POSITION                                                                                           |                                                                                       |
| Paid                                                                                                         |                                                                                       |
| Volunteer                                                                                                    |                                                                                       |
| CONTACT INFORMATION                                                                                          |                                                                                       |
| If more information is required from the ab Chair:                                                           | pove mentioned club, please contact the Screening Committee                           |
| Name of Screening Committee Chair:                                                                           |                                                                                       |
| Email:                                                                                                       | Phone #:                                                                              |
| Signed:                                                                                                      | Date:                                                                                 |