



# CLARINGTON GIRLS HOCKEY ASSOCIATION

91 King Street E PO Box 172 Bowmanville, ON L1C 5E2

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## RE: VOLUNTEER LETTER

Full Name:

Full Address:

Date of Birth:

Telephone Number:

In order to apply for a volunteer position with the Clarington Girls Hockey Association, \_\_\_\_\_ must undergo a Criminal Records Check (CRC) with a Vulnerable Sector Check (VSC).

They have applied for the following position \_\_\_\_\_ within our organization. The Clarington Girls Hockey Association is a Hockey Association for players under the age of 22. This position involves interacting with children under 18 and as such a CRC/VSC is required.

Signature of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

The individual as mentioned above has applied for a volunteer position with the CGHA and hopes to receive a volunteer fee discount for this service.

If there are any questions, please feel free to contact me.

*M. Wilson*

Melissa Wilson  
Wellness and Safety Director  
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