



The
Diocese of Huron

Date: _____

Church Name: _____

Mailing Address: _____

To Whom It May Concern:

On behalf of the Church/Volunteer Agency above, I would like to request a Volunteer Police Record Check for the following individual:

Name of Volunteer: _____

Date of Birth: _____

Volunteer Position: _____

Volunteers in our organization work with vulnerable individuals and/or work with people of a vulnerable nature. Our volunteers are often in positions of direct authority and supervision. Responsibilities of volunteers can include: Handling money, oversee day to day operations of the church, working with seniors and children/youth.

If you have any questions, please contact me at the information below.

Contact Name: _____

Position: _____

Phone Number: _____

Signature: _____