



SLMHA

SYLVAN LAKE MINOR HOCKEY ASSOCIATION

Sylvan Lake Minor Hockey Association
PO Box 9089
Sylvan Lake, AB
T4S 1S6

TO: Royal Canadian Mounted Police – Sylvan Lake Detachment

RE: Criminal Record & Vulnerable Sector Check

FULL LEGAL NAME (First, Middle, Last): _____

MAIDEN NAME (If applicable): _____

DATE OF BIRTH (MM/DD/YYYY): _____

DRIVERS LICENSE #: _____

Please be advised that Sylvan Lake Minor Hockey Association requires a Criminal Record & Vulnerable Sector Check to be completed for the above-named person, as they have applied for a volunteer position where they will be in contact with Minors.

As this person requires a Criminal Records Check for the volunteer position, it is understood that there is no charge to Sylvan Lake Minor Hockey or to the applicant.

Thank you for your assistance,

Dallas Hand
SLMHA President