



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:** \_\_\_\_\_