

## **Request For Vulnerable Sector Check**

Note: Freestyle Canada and its Members must modify this letter to adhere to any requirements from the VSC provider

INTRODUCTION		
Freestyle Canada / [insert Member's name] [insert individual's full nam		
identity] and who was born on		
DESCRIPTION OF ORGANIZATION		
[Insert description]		
DESCRIPTION OF ROLE		
[insert individual's name] w	vill be acting as a	[insert individual's
role]. In this role, the individual will have acc	cess to vulnerable individuals.	
[Insert additional information re: type and raccess, etc.]	number of vulnerable individuals,	frequency of
CONTACT INFORMATION		
If more information is required from Freesty	yle Canada / [insert Member's na	me], please contact
the Screening Committee Chair:		
[Insert information for Screening Committee	e Chair]	
Signed: D	Date:	

Freestyle Canada Screening Policy |