



Hagersville Minor Hockey Association Inc.
P.O. Box 1349 Hagersville, ON N0A 1H0
Associate Affiliation with the OMHA, EPORA and OPA



VULNERABLE SECTOR CLEARANCE REQUEST

As the authorized representative of a person or organization that is responsible for the well-being of one or more children or vulnerable persons, as defined in section 6.3(1) of the criminal Records Act, I hereby request that the Ontario Provincial Police;

 X Conduct Search

Pursuant to Sec.6.3 of the Act with respect to the following individual and / or position (s);

_____ / _____

(Applicant Name / position)

 X This is a non – compensated position required for Volunteers

HAGERSVILLE MINOR HOCKEY ASSOCIATION

(Agency Name)

 J-G / 05/28/24

(Signature of Authorized Agency Person / Date)

Jean Gagnon
President – HMHA