



**Appendix 4 – Request for Police Record Check**

**INTRODUCTION**

\_\_\_\_\_  
LOCAL ASSOCIATION NAME  
is a not-for-profit organization for the sport of baseball located in \_\_\_\_\_, Ontario  
and is requesting a Vulnerable Sector Check for

\_\_\_\_\_  
[individual's full name]  
who identifies as a \_\_\_\_\_ and who was born on \_\_\_\_\_  
[gender identity] [birthdate (DD/MM/YYYY)]

**DESCRIPTION OF ROLE**

\_\_\_\_\_  
[individual's full name]  
will be acting as a \_\_\_\_\_  
[individual's role]

In this role, the individual will have access to vulnerable individuals.

**CONTACT INFORMATION**

If more information is required, please contact the Screening Committee Chair:

\_\_\_\_\_  
FIRST NAME LAST NAME EMAIL ADDRESS  
\_\_\_\_\_  
{INSERT LOCAL ASSOCIATION NAME}

\_\_\_\_\_  
Signature Date