



VULNERABLE SECTOR CHECK ATTESTATION FORM

NAME:

First Middle Last

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ **GENDER:** _____

Month/Day/Year

EMAIL: _____ **PHONE:** _____

By signing this document below, I certify that there have been no changes to my criminal record since I last submitted the Vulnerable Sector Check (VSC) issued on: _____ to Ancaster Little League. I further certify that there are no outstanding charges and warrants, judicial orders, peace bonds, probation or prohibition orders, or applicable non-conviction information, and there have been no absolute and conditional discharges.

I agree that any VSC that I would obtain or submit on the date indicated below would be no different than the VSC form that I previously submitted to Ancaster Little League. I also understand that if there have been any changes, or if I suspect that there have been any changes, it is my responsibility to obtain and submit a new Vulnerable Sector Check to Ancaster Little League instead of this form.

I recognize that if there have been changes to the results available from the Vulnerable Sector Check, and that if I submit this form improperly, then I am subject to disciplinary action and/or the removal of volunteer responsibilities or other privileges at the discretion of the Ancaster Little League Executive Board.

NAME (print): _____ **DATE:** _____

SIGNATURE: _____