



Brockville Soccer Club Inc.
PO Box 1515
Brockville, ON
K6V 5Y5

Date : _____ .

To Whom it May Concern:

On behalf of the Brockville Soccer Club Inc., I am requesting that a CPIC Check and Vulnerable Sector Verification to be completed for the following individual:

Name of Volunteer: _____ .

The above-named individual has applied for a volunteer position with the Brockville Soccer Club Inc. In this role, the individual will be placed in a position of trust with children and/or vulnerable persons.

Thank you,

A handwritten signature in black ink that reads "Kimberly Helmus". The signature is written in a cursive style.

Kimberly Helmus, CPA, CGA
Treasurer
Brockville Soccer Club Inc.