

VICTORIA ESQUIMALT LACROSSE

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PO Box 36056 Victoria, BC V9A7J5

The following individual is a volunteer for the Victoria Esquimalt Lacrosse Association and has consented to a criminal record check.

Name: _____

Address: _____

Phone No.: _____

Volunteer Position(s): _____

Signature

Date

The volunteer has been requested to provide this form and identification to the Victoria Police Department / Oak Bay Police Department for a criminal record check. We understand that a certificate will only be generated if NO criminal record exists.

The volunteer will provide the certificate generated to the Association.

Colin Scott-Monerieff
President, Victoria Esquimalt Lacrosse Association
President@velacrosse.com