



Vernon and District Volunteer Bureau
Hearts and Hands Community Network

CRIMINAL RECORD CHECK AGENCY COVER LETTER “TEMPLATE”

(SHOULD BE DONE ON AGENCY LETTERHEAD AND GIVEN TO THE VOLUNTEER TO ACCOMPANY THE CRIMINAL RECORD CHECK FORM THAT IS PRESENTED TO THE RCMP OFFICE)

TO: VERNON / NORTH OKANAGAN RCMP
 FROM: **AGENCY NAME**
 SUBJECT: CRIMINAL RECORD CHECK INCLUDING THE VULNERABLE PERSONS PAGE 2
 (OMIT THE WORDS VULNERABLE PERSONS IF THIS CHECK IS NOT REQUIRED)
 DATE: 10/11/02
 CC:

Vernon/North Okanagan RCMP
 Records Section,

Request for: the **AGENCY NAME**
Volunteer Applicant – Criminal Record Check

Please process this application for volunteer: **Jane DOE nee SMITH**

Date of Birth: 1865/12/25

Please feel free to contact me should you have any questions.
 Thank you for your help!

Twylla Genest
 Manager: Vernon and District Volunteer Bureau
 3201 - 30th Street
 Vernon, BC V1T 9G9
 Phone: 250-545-0585
 Email: volunteer@socialplanning.ca