Appendix E – Request For Vulnerable Sector Check

Note: The Organization and its Members must modify this letter to adhere to any requirements from the VSC provider.

INTRODUCTION	
	Sector Check for [insert individual's full name] er identity] and who was born on [insert
DESCRIPTION OF ORGANIZATION	
[insert Organization] is a not-for-profit [nationa located in [location].	l, territorial, local] organization for the sport of [insert sport]
[Insert additional description]	
DESCRIPTION OF ROLE	
	e acting as a [insert individual's role]. In this role ividuals. Their conduct may include: coaching, chaperoning,
[Insert additional information re: type and number of vulnerable individuals, frequency of access, etc.]	
CONTACT INFORMATION	
If more information is required from [insert Organical Control of the control of	anization], please contact the Screening Committee Chair:
[Insert information for Screening Committee Cha	air]
Name:	Position:
Signature:	Date: