

## **Appendix D – Request For Vulnerable Sector Check**

INTRODUCTION			
[Volleyball Alberta] is requesting a Vuidentifies as a [insert	Inerable Sector Check for gender identity] and who was born	[insert individ	ual's full name] who [insert birthdate].
DESCRIPTION OF ORGANIZATION			
[Volleyball Alberta] is a not-for-profit	provincial organization for the spor	rt of volleyball located	d in [Alberta, Canada].
[Insert additional description]			
DESCRIPTION OF ROLE			
[insert inc In this role, the individual will have ac	dividual's name] will be acting as a _ccess to vulnerable individuals.		[insert individual's role].
[Insert additional information re: type	e and number of vulnerable individu	uals, frequency of acc	ess, etc.]
CONTACT INFORMATION			
If more information is required from	[Volleyball Alberta], please contact	the Screening Commi	ittee Chair:
Diane Bugler Executive Director Volleyball Alberta Email: dbugler@volleyballalberta.ca Tel.: 403-202-6540			
Signed:	Date:		
- 0			<del>_</del>