



Hockey Eastern Ontario

813 Shefford Rd

Ottawa, Ontario K1J 8H9

www.hockeyeasternontario.ca

Tel: 613.224.7686 Fax: 613.224.6079

Date: _____

Subject: Criminal Record Check

To whom it may concern,

This letter is to certify that _____ is a volunteer under Hockey Eastern Ontario and will be working with children or other vulnerable persons.

Any assistance that would be provided to obtain a criminal record check would be sincerely appreciated.

Sincerely,

Debbie Rambeau

Debbie Rambeau,
Executive Director, HEO

Russell Minor Hockey Association Approval

Approved by: _____

Executive / Board Position:

() President	president@russellwarriors.ca
() Risk & Safety Director	discipline@russellwarriors.ca
() VP House	vphouse@russellwarriors.ca
() VP Competitive	vpcompetitive@russellwarriors.ca
() Initiation Director	ip@russellwarriors.ca

Signature: _____

Phone Number: _____

Date: _____