East Central Alberta Catholic Separate Schools Regional Division No. 16

Serving the Communities of Castor, Halkirk, Provost, Vermilion, Wainwright, Stettler

DECLARATION OF STATUS

Name: _____ School: _____

Address: _____ Phone: _____

I _____, do solemnly swear and declare there is no change in status on:

1) My Criminal Record Check (Inclusive of Vulnerable Sector and Local Indices) or
2) My Child Intervention Check

Since my last date of volunteer work _____ with the Division.
Day/Month/Year

Signature: _____ Date: _____