

AGENCY NAME

PLEASE COMPLETE ALL HIGHLIGHTED FIELDS BELOW AND DELETE THIS RED TEXT BEFORE GIVING THIS LETTER TO YOUR VOLUNTEER.

[DATE]

RE: Volunteer Checks

Our agency participates in the Volunteer Screening Program administered through Volunteer Alberta.

Our Volunteer Screening Program Number (VSPN) is: **VSPN 0000Xx0000**

[NAME OF VOLUNTEER] will be volunteering with [NAME OF AGENCY] as a [VOLUNTEER POSITION TITLE], [VOLUNTEER POSITION CODE]. They will require a Criminal Record Check or Police Information Check, including Vulnerable Sector search, for this specified role prior to volunteering with our organization.

If you require further information, please contact [NAME OF VOLUNTEER COORDINATOR/MANAGER/SUPERVISOR] at [CONTACT EMAIL AND/OR PHONE #]

Sincerely,

[NAME]

[TITLE]

Agency Name

Agency Contact Information

Agency Address