

-

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6701 | Fax 403.529.5339 | www.mhpsd.ca

Volunteer Attestation Form

Full N	ame:	
Positio	on / Role:	
Schoo	I/s:	
Date:		
	ARE, since the last Criminal Background Check collected by Mecon, or since the last Offence Declaration given by me to Medicine H	
	I have NOT been charged or convicted with an offence under the Canada up to and including the date of this declaration for which issued or granted under the Criminal Records Act (Canada).	
	I have been convicted of the following criminal offences under the Criminal Code of Canada for which a pardon under Section 4.1 of the Criminal Records Act (Canada) has not been issued or granted to me. If selected, complete the information below.	
List of	Offences:	
A. Dat	e:	
	rrt Location:	
C. Cor	viction:	
A. Dat	e:	
	rt Location:	
C. Cor	viction:	
	(Use additional page if necessary)	
This d	eclaration is dated at Medicine Hat thisday of	, 20
SIGNA	TURE:	

Volunteers with criminal convictions since the last Criminal Record Check or Criminal Offence Declaration must submit a new Criminal Check and receive principal approval prior to volunteering.