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

VOLUNTEER ATTESTATION FORM: 720 E 010

Full Name: _____

Position / Role: _____

School/s: _____

Date: _____

I DECLARE, since the last Criminal Background Check collected by Medicine Hat Public School Division, or since the last Offence Declaration given by me to Medicine Hat Public School Division that:

☐ I have NOT been charged or convicted with an offence under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been 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. Date: _____
B. Court Location: _____
C. Conviction: _____

A. Date: _____
B. Court Location: _____
C. Conviction: _____

(Use additional page if necessary)

This declaration is dated at Medicine Hat this _____day of _____, 20__ .

SIGNATURE: _____

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.