Offence Declaration

I attest that I have advised Nutrition for Learning Staff and/or the Executive Director if I became the subject of any criminal investigation, if I became the subject of any child welfare investigations or if any charges were brought against me, even if the charges are pending.

Please initial beside ALL applicable line(s):

_____ I am currently employed by WRDSB or WCDSB and as such have a clear Police Record Check on file with the school board.

_____ There have been no occurrences as described above since the last Police Record Check or Offence Declaration Form that was submitted to Nutrition for Learning and/or WRDSB or WCDSB.

_____ All reportable matters as described above, were discussed with Nutrition for Learning staff and/or the Executive Director at the time of the occurrence(s).

I hereby attest that the information disclosed herein is true, complete and accurate to the best of my knowledge and belief.

Date: _____

Program School/Church Name: _____

Name (Please Print): _____

Volunteer Signature: _____

Witness (Please Print): _____

Witness Signature: _____