

Springfield Stingers Softball Association

Springfield, ON

springfieldstingers@outlook.com

www.springfieldstingers.ca



Date: _____

Please consider this letter as our confirmation to engage the following person as a Volunteer with the Springfield Stingers Softball Association.

Full Name: _____

Volunteer position: Coaching children's softball

The position is one of trust and authority towards vulnerable persons aged 3 through 17. Based on the position above, the individual will be working with vulnerable persons during games and practices.

We appreciate you proceeding with the Vulnerable Sector Screening Check accordingly.

Sincerely,

A handwritten signature in black ink that reads "Claire Burks". The signature is written in a cursive, flowing style.

Claire Burks

President

Springfield Stingers Softball Association