



OFFENCE DECLARATION FORM

Complete either **Part A** or **Part B**, sign and date at bottom, and return.

Part A - No Offences

I, _____, (*print name*)
in the position of _____,
do certify that since the date of the Vulnerable Sector Screening Check, submitted as a condition for high risk ministry, that I have not been convicted of any offence under the Criminal Code of Canada nor had any negative police involvement.

Part B - Offences to Declare

I, _____, (*print name*)
in the position of _____,
do certify that since the date of the Vulnerable Sector Screening Check, submitted as a condition for high risk ministry, that I have been convicted of an offence under the Criminal Code of Canada or have had negative police involvement. Below are the details of this involvement:

I acknowledge that making a false statement will be grounds for discipline which may lead to the suspension of any and all of my ministries within the scope of Family Foundations Institute events and activities.

_____ .

Signature: _____

Dated this _____ day of _____.

PLEASE NOTE: A PHOTOCOPY OF THE ORIGINAL VSS CHECK MUST ACCOMPANY THIS SIGNED OFFENCE DECLARATION FORM TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF FAMILY FOUNDATIONS INSTITUTE.

Please email or mail these completed documents to:

info@famfi.ca
Family Foundations Institute
203 Reycraft Ave, Glencoe, ON N0L 1M0