# Annette Street Public School/ High Park Alternative

265 Annette Street, Toronto, Ontario M6P 1R3 Tel: (416) 393-9040 (9050) Fax: (416) 393-9048

Heather Wheeler, Principal Monica Jacobs, Vice-Principal

**Volunteer Offence Declaration**

Fall 2013

Dear Volunteer,

Thank you for completing a Criminal Background Check, which is mandated by the TDSB that all volunteers in our school must have.

In order to maintain the validity of the clearance we have on file for you, you must complete an Annual Offence Declaration Form (attached below).

Please review the statements below, check the appropriate response, sign the form, and return it to the school office as soon as possible.

Thank you for your ongoing support.

Sincerely,

Heather Wheeler

Principal

DECLARATION (Please check the applicable box.)

I declare, since the last Criminal Background Check collected by the Board or the Ontario College of Teachers, as the case may be that: Up to and including the date of this declaration**, I have no convictions** under the Criminal Code of Canada, or convictions for which a pardon has been issued or granted under the Criminal Records Act (Canada).

OR

I declare, since the last Criminal Background Check collected by the Board or the Ontario College of Teachers, as the case may be, that: Up to and including the date of this declaration, I have the following convictions for offices under the Criminal Code of Canada for which a pardon under the Criminal Records Act (Canada) has not been issued or granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_