



Police Records Check Waiver

I, _____, hereby confirm that there is nothing on a Police Records Check and Vulnerable Position Screening that would compromise my ability to fulfill my role as a _____ on behalf of Brain Tumour Foundation of Canada.

The undersigned acknowledges and agrees that the Brain Tumour Foundation of Canada is relying on this information, and it is necessary for the Brain Tumour Foundation of Canada to make informed decisions about volunteer positions. The undersigned hereby consents to any reasonable checks being conducted by the Brain Tumour Foundation. The undersigned also agrees that if any information is found to be inaccurate or misleading, the Brain Tumour Foundation of Canada, in its sole discretion, reserves the right to request the undersigned to withdraw as a volunteer, if circumstances warrant.

Name: _____

Address: _____

City: _____ Province: _____ PC: _____

Volunteer Signature

Date