



St. John Ambulance

ATTESTATION FORM

This form must be completed and signed annually and is due not later than February 15th, 2004 in respect of the preceding calendar year by all St. John Ambulance Community Services volunteers age 18 years of age and over.

I attest that:

- (a) I will notify my immediate supervisor and the Provincial Manager, Community Services, St. John Council for Ontario if my driver's license is suspended or restricted for any reason, if I become the subject of a criminal investigation or if any charges are contemplated or brought against me; and

(check the appropriate box)

- (b) There have been no occurrences as described above since my last attestation, if any, or in any event, in the previous year; OR
- (c) I reported all occurrences as described above to my immediate supervisor and the Provincial Manager, Community Services, St. John Council for Ontario, at the time of the occurrence.

Date: _____

Name (please print): _____

Address: _____

Telephone Number: _____

Date of Birth: _____

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

Signature: _____

Name of Immediate Supervisor: _____

Signature of Immediate Supervisor: _____

Original completed form is to be forwarded to the:

Provincial Manager, Community Services
St. John Ambulance, Council for Ontario
46 Wellesley Street East
Toronto, ON M4Y 1G5