

Attestation Form

This form must be completed and signed annually by all St. John Ambulance volunteers, instructors, and employees age 16 years and over. The completed form is due not later than **[insert date]**:

I attest that:

I will notify my immediate supervisor if I become the subject of a criminal investigation, if any charges are brought against me, or if my driver's license is suspended or restricted for any reason (provided that driving is a requirement of my SJA role).

Please fill in personal information and check the appropriate box

Date: _____

Name (please print): _____

Address: _____

Telephone Number: _____ I am 16 years of age or older: Yes ☐ No ☐

- ☐ There have been no occurrences as described above since my last attestation, if any, or in any event, in the previous year; OR
- ☐ I reported all occurrences as described above to my immediate supervisor at the time of the occurrence.

I hereby attest that the information disclosed herein is true, complete, and accurate to the best of my knowledge and belief. I understand that false information stated in this attestation shall be sufficient cause for dismissal.

Signature: _____ Date: _____

Name of Immediate Supervisor: _____

Signature of Immediate Supervisor: _____

Original completed form is to be forwarded to:

[Council appropriate information inserted here]

PRIVACY STATEMENT St. John Ambulance is committed to your privacy. Your personal information will be maintained on our database system. Should you wish to access and/or update this information, please contact your Supervisor. For further information about St. John Ambulance's Privacy Policy, please contact your St. John Ambulance's Council's Privacy Officer as listed on www.sja.ca.

Attachment B

