

Date:

To whom it may concern,

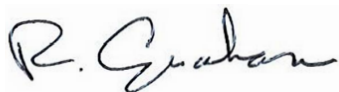
This is to certify that

surname(s), first name(s)

will be volunteering as a host parent/ host family member for a student aged 13 to 17 as part of a student exchange program with International Student Exchange-Ontario, a registered not-for-profit corporation. He/she will not be paid to host the visiting student.

Please process the required Vulnerable Sector Check accordingly.

Yours truly,

A handwritten signature in black ink that reads "R. Graham". The signature is written in a cursive style with a large initial "R".

Robert Graham
Executive Director
International Student Exchange-Ontario
Tel: 705-722-9440