

Guidelines for completing a Police Record Check Form

PAGE #1

- Please complete all of the applicant information on page one and sign at the bottom of the page.

PAGE #2

- Please give details regarding your volunteer position
 - Description of volunteer position
 - Age group of children that you will be working with
- Release and Discharge
 - Sign and date page 2

PAGE #3

- Please fill in your full name at the top of the page, sign and date the bottom.
 - The OPP will not process Police Record Checks that do not include page #3.

Submit form to your league Risk Manager

Forms must have the original signature, faxes and emails are not acceptable.

A **photocopy** of **two** pieces of government identification such as birth certificate, drivers license, passport, citizenship card must be included. One piece must be photo ID.



Ontario
Provincial
Police

Volunteer/Applicant Screening Process

Consent to Disclosure of Personal Information

Note: This form to be used to assist the agency to determine the suitability of successful candidates for either full or part time employment and/or volunteer duties having direct contact with children or vulnerable persons.

Applicant Information

Surname				Given Names					
Maiden Name or Other Names used (if applicable)				Place of Birth					
YY	D.O.B. MM	DD	Sex	Area	Telephone (Res.)				
Address: Number				Street		Apt./Unit		City/Town/Municipality	
Driver's Licence Number									

Previous addresses for the last five years (If insufficient room, attach a separate sheet.)

Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence

(Please read carefully.)

I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfill the requirements of the volunteer/applicant screening process. This consent is given pursuant to s.42(b) of the *Freedom of Information and Protection of Privacy Act*.

Name	Title
Name of Organization Town of Caledon Minor Hockey Association	

The *Criminal Records Act*, provides for additional information to be provided to a person or organization responsible for the well-being of one or more children or vulnerable persons. I am an applicant for a paid or volunteer position with such a person or organization, as defined by the *Criminal Records Act*, as described below:

Description of the paid or volunteer position:	
Name of the person or organization:	Title
Details regarding the child(ren) or vulnerable person(s):	

Therefore, pursuant to a request by the above person or organization, I hereby consent to a search of the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the offences listed in the schedule to the *Criminal Records Act*. I understand that pursuant to this consent, if I am determined to be the person named in a criminal record as described above, that record may be disclosed to the Ontario Provincial Police (OPP) and the OPP will then disclose that information to me and to the person or organization referred to above.

Release and Discharge

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Commissioner of the Ontario Provincial Police and all members and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the OPP.

Signature of Applicant *Date*

Signature - Organization Witness

Identification verified by

STAMP OF ORGANIZATION

Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person except as provided above.

The information provided is based on a name check only and having a birth date as provided above.

- Fails to reveal any record relating to the above subject
- Indicates the following information may relate to the above subject.

OPP AUTHORIZING SIGNATURE

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

I hereby declare that the information submitted on this form is true and complete. I understand that making a false statement may disqualify me from obtaining a Vulnerable Sector Screening Certificate, and may subject me to criminal charges or other legal liability.

I HEREBY AUTHORIZE, AND CONSENT TO, FULL DISCLOSURE OF THE FOLLOWING INFORMATION AND RECORDS BY THE OPP, AND BY ANY OTHER POLICE AGENCY IN CANADA TO WHICH A COPY OF THIS FORM IS PROVIDED:

- Criminal record (including youth records that are disclosable, pursuant to the *Youth Criminal Justice Act*);
- Pardoned sexual offences (see "Consent to Pardoned Sexual Offence Check", below);
- Findings of not guilty by reason of mental disorder;
- Probation, prohibition and other judicial orders, which are in effect;
- Details of incidents that may assist an agency in making an informed decision, including investigations where either no charges were laid or there was no finding of guilt; and/or
- Contacts with the police under the *Mental Health Act* (if requested).

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED. (Not applicable for persons under 18 years of age)

I consent to the OPP searching the automated criminal conviction records retrieval system, maintained by the Royal Canadian Mounted Police (RCMP) to determine whether I have been convicted of a sexual offence listed in the Schedule to the *Criminal Records Act*, for which a pardon has been granted/issued. I understand that, if a check indicates a possible match between me and a person with a criminal conviction or pardoned sexual offence of a similar name and date of birth, the OPP must verify the match to either confirm or exclude me, and will ask me to attend for fingerprinting. **If I choose not to provide fingerprints, the OPP will not issue a Vulnerable Sector Screening Certificate and will notify the requesting organization that I have withdrawn from the process.**

I also understand that if I do provide fingerprints and my fingerprints match those of the pardoned sexual offender, then in accordance with the *Criminal Records Act*,

- i) The OPP will request the Commissioner of the RCMP to provide the record to the Minister of Public Safety;
- ii) The Minister may disclose all or part of the information contained in the record to the OPP; and if so,
- iii) The OPP is required to disclose the information to the person or organization requiring this Vulnerable Sector Screening Check.

I understand that I have the right to refuse consent for a Vulnerable Sector Screening Check. I consent to the OPP conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Screening Check.

Applicant's Signature: _____

Date: _____