

North Vancouver RCMP				
Volunteer:	Employment:			
Receipt#:				
Date:	C/D:			

Police Information Check - Application

IDENTIFICATION - one form must be photo ID (office use only). Type of ID Produced: Number: Type of ID Produced: Number: **INSTRUCTIONS FOR COMPLETION** (PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT) <u>Please complete clearly in ink</u> You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present: Any applicable fee (see website for costs and payment options). One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth. If you are unable to provide proper identification the police agency cannot complete your check. Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences. The results of this check will not be forwarded to a third party (with the exception of confirmed positive Vulnerable Sector responses). PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT) LAST NAME FIRST NAME MIDDLE NAME(S) PREVIOUS NAMES (including name changes and birth/maiden name) SEX (circle one) DATE OF BIRTH (YYYY/MM/DD) PLACE OF BIRTH: ADDRESS (Apartment, street # and name) CITY **PROV** POSTAL CODE PHONE NUMBER (residence) PHONE NUMBER (cell) PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS) *Check Completed (office use only) STREET NAME: ______ PROVINCE: _____ Dyes Discrete notation in the control of the STREET NAME: _____ CITY: ____ PROVINCE: ____ Dyes Dino STREET NAME: _____ CITY: _____ PROVINCE: ____ Dyes Discretely no STREET NAME: _____ CITY: ____ PROVINCE: ____ Dyes Dino STREET NAME: _____ PROVINCE: ____ □ yes □ no **REASON FOR APPLICATION (check appropriate):** Uvolunteer (attach letter) Employment ☐ Other (specify below) Key Contact Name: Volunteer Agency/Employer Name: Volunteer Agency/Employer Address and Phone Number: IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: ☐ YES □ NO

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(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name		Applicant DOB			
	VULNERABLE SECTOR	APPLICANTS:			
	FOR A CRIMINAL RECORD CHECK F GRANTED OR ISSUED	OR A SEXUAL OFFENCE FOR WHICH A			
or more children or vulne persons and the applican	erable persons, if the position is a position of at wishes to consent to a search being made	son or organization responsible for the well-being of one authority or trust relative to those children or vulnerable n criminal conviction records to determine if the e to the Criminal Records Act and has been pardoned.			
Reason for Consent	:				
I am an applicant for a p children or vulnerable pe		ganization responsible for the well-being of one or more			
Description of the paid of	r volunteer position <i>(what you will be doing)</i> :				
Provide details regarding	the children or vulnerable person(s) (what a	ges, type of client(s) you will be in authority over):			
issued, that record ma Minister of Public Safe record to a police force information to me. If	ay be provided by the Commissioner of the ty of Canada, who may then disclose alse or other authorized body. That police I further consent in writing to disclosure.	Act in respect of which a pardon was granted or the Royal Canadian Mounted Police to the I or part of the information contained in that force or authorized body will then disclose the re of that information to the person or n, that information will be disclosed to that person or Date Signed			
	OF A CRIMINAL RECORD (if ap	plicable) - Completed by Applicant			
By declaring any offence: needing to submit your f Please list below offence, date you Do Not disclose of dismissed, stayed Do Not disclose of	s of which you have been convicted, your cri- ingerprints for verification of your identity an w all offences of which a judge has convicted you were convicted, and place where the offence was convictions for which you have received a pardon p , or resulted in absolute or conditional discharges.	minal convictions record can be confirmed without d the processing delay that this causes. (whether indictable or summary) and specifically identify the committed. "ursuant to the <i>Criminal Records Act, or</i> charges that were an offence committed while you were a "young person"			
Date of Conviction	Nature of Offence	Location/Jurisdiction			
Signature of Applicant Date signed					

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Applicant Name		Applicant DOB						
SEARCH AND DISCLOSURE CONSENT, AND LIABILY RELEASE								
I request and consent to the Royal Canadian Mounted Police and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.								
I understand that information collected as a result of this Police Information Check will only be released directly to me and not to any third party ; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.								
By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City and District of North Vancouver, the Royal Canadian Mounted Police and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.								
I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief. Signature of Applicant Date Signed								
*****FOR OFFICE USE ONLY****								
QUERY TYPE	Queried by:	<u>Negative</u>	<u>Attached</u>	<u>Date</u>				
CPIC								
PRIME								
PIP/LEIP								
<u>JUSTIN</u>								
<u>VS – FP REQ.</u>								
NOTES (office use only):								

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North Vancouver RCMP Police Information Check – Application form

Persons requesting a Police Information Check must do so in person and must provide written consent using North Vancouver RCMP Police Information Check Form.

Proper identification must be produced: a government issued photo identification for the Primary Document, and a secondary document which verifies the Primary identification. One piece must contain the applicant's current address.

Vulnerable Sector Applicants

Is your request for a Police information check related to work/volunteering with Vulnerable Persons?

- If you have checked **NO -** DO NOT complete the Vulnerable Sector portion
- If you have checked **YES** complete the Vulnerable Sector portion

Fee of \$25 payable by Certified Cheque or Money Order to "The Receiver General of Canada) is only required if applicant for employment is contacted to attend for VS fingerprint illumination.

In order for the \$25 fee to be waived for volunteer applicants a letter from non-profit agency is required at time on fingerprinting

Declaration of a Criminal Record (if applicable) (ONLY REQUIRED TO BE COMPLETED IF A CRIMINAL RECORD EXISTS)

DECLARE THE FOLLOWING INFORMATION:

- All convictions for offences under federal law.

DO NOT DECLARE THE FOLLOWING INFORMATION:

- Absolute discharges.
- Conditional discharges.
- Any offences while you were a "young person" (12 years old but less than 18 years old), pursuant to the YOUTH CRIMINAL JUSTICE ACT
- Any charges for which you were not convicted, for example, charges that were withdrawn or dismissed.
- Any provincial or municipal offences.
- Any charges dealt with outside of Canada.
- Any charges for which you received a stay of proceedings.

If the applicant cannot recall all of his/her convictions, the process will be discontinued and the applicant will be required to submit fingerprints for a Certified Criminal Record