

**CONSENT FOR VULNERABLE SECTOR CHECK**  
**(CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED)**

Surname (Provide previous name(s) prior to application if applicable)		Legal Name:	
		Preferred Name (if applicable):	Middle Name:
Maiden Name or Other Surnames Used (if applicable):		Place of Birth (if other than Canada please also note date of entry into Canada):	
Date of Birth (YY-MM-DD):	Sex:	Driver's Licence Number:	
Number	Street	Apt./Unit	City/Province/Country
			Postal Code

TO BE COMPLETED BY AN APPLICANT FOR A POSITION WITH VULNERABLE PERSON(S), I.E. THE ELDERLY, THE DISADVANTAGED, CHILDREN, ETC.

REASON FOR REQUEST: Please provide a description of the paid or volunteer position (i.e. Leader, Coach, Nurse, Group Home, etc):

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\_\_\_\_\_

NAME OF PERSON OR ORGANIZATION: Please provide the Name, Address and Telephone Number of the Person of Organization:

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\_\_\_\_\_

PLEASE PROVIDE DETAILS REGARDING THE CHILDREN OR VULNERALBE PERSONS (i.e. Boys 5-10 years, Senior Citizens, etc):

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**CONSENT**

I CONSENT TO A SEARCH BEING MADE OF THE AUTOMATED RETRIEVAL SYSTEM MAINTAINED BY THE ROYAL CANADIAN MOUNTED POLICE (R.C.M.P.) TO REVEAL IF I HAVE BEEN CONVICTED OF AND BEEN GRANTED A PARDON FOR ANY OF THE SEXUAL OFFENCES THAT ARE LISTED IN THE SCHEDULE TO THE CRIMINAL RECORDS ACT, S.C.

I UNDERSTAND THAT, AS A RESULT OF GIVING THIS CONSENT, IF I AM SUSPECTED OF BEING THE PERSON NAMED IN A CRIMINAL RECORD FOR ONE OF THE SEXUAL OFFENCES LISTED IN THE SCHEDULE TO THE CRIMINAL RECORDS ACT, S.C. IN RESPECT OF WHICH A PARDON WAS GRANTED OR ISSUED, I WILL BE REQUESTED TO PROVIDE FINGERPRINTS TO CONFIRM THAT RECORD AND THAT RECORD MAY BE PROVIDED BY THE COMMISSIONER OF THE ROYAL CANADIAN MOUNTED POLICE (R.C.M.P.) TO THE SOLICITOR GENERAL OF CANADA WHO MAY THEN DISCLOSE ALL OR PART OF THE INFORMATION CONTAINED IN THAT RECORD TO A POLICE FORCE OR OTHER AUTHORIZED BODY. THAT POLICE FORCE OR OTHER AUTHORIZED BODY WILL THEN DISCLOSE THAT INFORMATION TO ME.

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Date)

<p align="center"><b>AUTHORIZATION TO RELEASE CLEARANCE REPORT OR ANY POLICE INFORMATION</b></p> <p>Signed this ..... day of ..... 20.....</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of any Criminal Records to the organization requesting the search as indicated. I hereby release and forever discharge all members and employees of the Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained to myself as a result of the disclosure of information by the Police Service to the said organization.</p> <p>.....          (Signature of Applicant)</p>	<p align="center"><b>ORGANIZATION REQUESTING SEARCH</b></p> <p>.....</p> <p>.....          Organization's Representative (Please Print)</p> <p>.....          Signature of Representative Verifying Applicant's ID</p>
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