



BROCKVILLE POLICE SERVICE

MUST SELECT ONE



CRIMINAL RECORD CHECK

CRIMINAL RECORD AND JUDICIAL MATTERS CHECK

VULNERABLE SECTOR CHECK

| | | | | |
|---|---|-------------|--|---------------------------------|
| TO BE COMPLETED BY APPLICANT | | | Date of Request ____/____/____ yyyy/ mm /dd | |
| Mailing Address (name, street, city, province, postal code) **Please Print UNDER each heading** | | | | |
| Last Name | | First Name | | Middle Name |
| # and Street Name | | Apt/Unit # | Maiden Name or Other Names Used | Other First Names |
| City | Province | Postal Code | Date of Birth ____/____/____ yyyy/ mm /dd | Gender Other Names |
| Contact phone number | | | Email address | |
| Address History – please fill out if resident address differs from mailing address and/or resided OUTSIDE of the Region in the past 5 years | | | | |
| Street name # (please state below) | | Apt/Unit # | City | Province |
| | | | | |
| | | | | |
| Identification – one form MUST be Government issued and include the applicant’s name, date of birth, signature and photo of applicant | | | | |
| Type of Identification produced | ID number – do <u>NOT</u> record Health or SIN card or bank/credit card numbers | | | Viewed <input type="checkbox"/> |
| Type of Identification produced | ID number – do <u>NOT</u> record Health or SIN card or bank/credit card numbers | | | Viewed <input type="checkbox"/> |
| Reason for Request: (please fill out the following) **if you are between the ages of 12-22 please refer to back** | | | | |
| Specifically state the Reason for Criminal Record Check <u>or</u> Criminal Record and Judicial Matters Check <u>or</u> Vulnerable Sector Check: | | | | |
| SELF DECLARATION (if applicable): <input type="checkbox"/> Declaration of Criminal Record Attached | | | | |
| Fill out the below ONLY if request is Vulnerable Sector Check: | | | | |
| Name of Employer/Organization/School/Other requesting Vulnerable Sector Check: | | | | |
| Check box of Vulnerable Person(s) you will be responsible for the well-being of (can check off more than one (1) if applicable): <input type="checkbox"/> Children <input type="checkbox"/> Elderly (over 65) <input type="checkbox"/> Other – please specify: _____ | | | | |
| The Criminal Record Check will include the following information as it exists on the date of the search: | | | | |
| <ul style="list-style-type: none"> Criminal convictions from the Canadian Police Information Centre “CPIC” and/or local databases and Summary convictions for the past five (5) years, when identified Youth criminal Justice Act findings of guilt will be released on applications to government institutions/organizations | | | | |
| The Criminal Record and Judicial Matters Check will include all of the above and the following information as it exists on the date of the search: | | | | |
| <ul style="list-style-type: none"> Outstanding entries such as charges and warrants, judicial orders, Probation and Prohibition Orders – as per CPIC policy, information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agency Absolute and Conditional Discharges within the applicable retention period | | | | |
| The Vulnerable Sector Check will include all of the above and the following information as it exists on the date of the search: | | | | |
| <ul style="list-style-type: none"> In very exceptional cases, there it meets the Public Safety Test, non-conviction dispositions including but not limited to, Withdrawn and Dismissed Not Criminally Responsible by Reason of Mental Disorder All record suspensions for release by the Minister of Public Safety | | | | |
| CONSENT | | | | |
| <p>1. I hereby authorize the BROCKVILLE POLICE SERVICE to conduct a search based on the names(s), date of birth and declared criminal record history, to obtain the information required to complete the Police Record Check and disclose such information to me. This includes a search of the Brockville Police Service Records Management System (RMS), and the Canadian Police Information Centre (CPIC) database, maintained by the RCMP. This search of the CPIC database includes a search of the Identification Data Bank (known as the National Respository of Criminal Records), the Investigative Data Bank and the Police Information Portal (PIP).</p> <p>2. I hereby release and discharge the BROCKVILLE POLICE SERVICE BOARD and all members and employees of the BROCKVILLE POLICE SERVICE 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 the information to me by the BROCKVILLE POLICE SERVICE. I hereby authorize the BROCKVILLE POLICE SERVICE to inquire into and disclose results of any police records to me including: criminal convictions (summary and indictable); absolute and conditional discharges; and cases of not criminally responsible for reasons of mental disorder; outstanding entries such as charges, judicial orders, probation and prohibition orders and to conduct a local police contact search with any Police Service in Canada.</p> <p>3. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it, and agree to it in its entirety.</p> <p>4. For Vulnerable Sector Check applicants that are 18 years of age or older: I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a records suspension (pardon) for, any sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>. 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 <i>Criminal Records Act</i> in respect of which a record suspension 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 to the Minister of Public Safety, 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 authorized body will then disclose that information to me. If I further consent in writing to disclosure fo that information to the person or organization referred to the above that requested the verification, that information will be disclosed to that person or organization.</p> <p>5. I understand that the prescribed fee is non-refundable and the response to this Police Record Check will be forwarded to the mailing address that I have provided.</p> | | | | |

Applicant’s Signature: _____

Date: ____/____/____
yyyy / mm / dd

| | | | | |
|--|---------|----------|----------------|---|
| POLICE USE ONLY – Request reviewed and non-refundable fee(s) received by: | | | | |
| Name | Reg. No | Division | Receipt Number | <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> RCMP |



**TO BE FILLED OUT BY APPLICANTS BETWEEN THE AGES OF TWELVE (12)
AND TWENTY-TWO (22) AND WHOM REQUIRE THIS CONSENT
FOR A POSITION WITH A GOVERNMENT AGENCY**

Name of Government Agency:

Address of Government Agency:

Position with Government Agency: