



POLICE INFORMATION CHECK

Consent to Search and Disclosure of Personal Information

Application Form must be completed in FULL before your request will be completed. Please print clearly in blue ink completing ALL fields. If the field is not applicable to you please use N/A.

Date Received (YYYY-MM-DD)	
Priority Processing	
Transaction Amount	
<input type="checkbox"/> Debit	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Cheque #	
<input type="checkbox"/> Invoice	
<input type="checkbox"/> VOAN	
<input type="checkbox"/> Transacion #	

Part 1 - Reason for the Police Information Check

- Employment
 Volunteer
 Licensing
 Immigration
 Visa
 Paid Practicum
 Unpaid Practicum
 Adoption / Foster Care / Kinship Care / Day Home
 Other (specify) _____

Agency Requesting Police Information Check LSCO - 500 - 11th Street South

Position Title and Description Drive Happiness volunteer driver. Volunteers drive seniors to and from their medical and recreational appointments.

Will you be responsible for: (If any fields are selected, complete Part 4 on page 2)
 Children/Youth
 Elderly
 Disabled
 Dependent Individual
 Patients

Have you ever been fingerprinted for a **CRIMINAL OFFENCE IN CANADA** for which you have not received a Record Suspension?
 Yes
 No

Part 2 – Personal Information

Surname/Family Name _____ Given Name _____ Middle Name _____

Date of Birth _____ YYYY - MM - DD
 Gender _____
 Place of Birth (City / Province/State / Country) _____

All other Maiden / Surnames / Family / Assumed Names Used _____

All Given Names/ Alias Used _____

Spouses/ Common Law Partners Full Name _____

Do you live within the City of Lethbridge?
 Yes
 No
 How long have you lived within the City of Lethbridge? _____

CURRENT STREET ADDRESS / Apt Number _____

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

If you have not lived within the City of Lethbridge for **five years**, list all cities / provinces/states / country where you have lived, for six months or longer, within the last five years:

Part 3 – Third Party Consent (Only Applicable for VOAN and Invoiced Applications)

In the event **NO** information about me is found, I freely give my consent to the Lethbridge Police Service to release the search results to the agency named in Part 1 of this application. Should information be found, the agency will **NOT** receive the search results. The information will **ONLY** be provided to the applicant.

Signature _____ Date YYYY - MM - DD _____

Parent / Guardian Signature _____ Date YYYY - MM - DD _____
 (Required if applicant is under 18 years of age)

TWO ORIGINAL PIECES OF GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH, ARE REQUIRED. ONE MUST CONTAIN A PICTURE.

Part 4 – Vulnerable Sector Search

A Vulnerable Sector search is required for individual who will be in a permanent or casual position of responsibility for the well-being of Vulnerable Persons, where the position is one of authority and/or trust relative to those Vulnerable Persons. Vulnerable persons are individuals such as children (minors), the elderly or the disabled that are at greater risk of being harmed or victimized. The primary purpose of a Vulnerable Sector search is to determine if an individual has received a record suspension (pardon) for sexual related conviction.

Do you require a Vulnerable Sector Search? Yes No (If no is selected, please read and initial the decline acknowledgement)

I hereby acknowledge that have read and understand the purpose of a Vulnerable Sector search and who is required to obtain one. I understand that by declining a Vulnerable Sector search I am acknowledging that I do not require a Vulnerable Sector search to be conducted on my behalf and that as a result no search will be performed of the Vulnerable Sector.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and granted a pardon for any of the sexual offences that are listed in the schedule to the Criminal Records Act. 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 in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police 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 authorized body will then disclose that information to me.

Have you been fingerprinted for a Vulnerable Sector Search to the past 2 years? Yes No If yes Where? _____

Have you ever been investigated for or convicted of a sexual related offence? Yes No If yes Where? _____

You must list the age(s) or describe the disability of the Vulnerable person(s) AND describe the circumstances of dependency of the Vulnerable Person(s) or your role and responsibilities relevant to the Vulnerable Person(s):

Using their own vehicles, volunteers will drive seniors (age 55+), that may or may not have physical and/or cognitive disabilities, to and from their various life activities including medical and recreational appointments and errands. Seniors will rely on the volunteers to pick them up at their homes and/or appointments and drive them back home.

Signature (Applicant Consenting to Vulnerable Sector Search) _____ Date YYYY - MM - DD _____

Parent / Guardian Signature (Required if applicant is under 18 years of age) _____ Date YYYY - MM - DD _____

Part 5 – Police Information Check Waiver

I, _____, hereby consent to the collection and disclosure by the Lethbridge Police Service of all of the following:

- Criminal Record (Adult & Young Person)
- Absolute and/or Conditional Discharges
- Alternative Measures and/or diversion involvement
- Records of not criminally responsible by reasons of mental disorder
- Pending charges, Warrants and ongoing investigations under Provincial and Federal Statutes
- Relevant information from Police Files, from any law enforcement agency, Canadian or otherwise
- Probation, Prohibition and other Judicial Orders which are in effect
- Pardons

I request that the Lethbridge Police Service provide me with a summary of the Police Information Check. I further understand that, upon release of such information, the Lethbridge Police Service waives any responsibility for the use, application or dissemination of such information by me.

In consideration of compliance with the foregoing authorization, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge the Lethbridge Police Service, the Lethbridge Police Commission, the Chief of Police, the City of Lethbridge and all their employees, agents, officers, assigns, representatives and successors, of and from any and all liability for such disclosure, including all claims, demands, damages, costs, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage of any nature which may be sustained by me or by any other person, howsoever caused or arising, including but not limited to negligence, as a result of, or connected to, the release of this information, and I further waive all rights, present or future, relating to the release of information set out herein.

I understand that any information provided by me for the purpose of this Police Information Check, including fingerprints, may be used or disclosed for law enforcement purposes. The information collected on this form and as part of the Police Information Check process will be collected, used, and disclosed in accordance with the Freedom of Information and Protection of Privacy Act or as otherwise provided by law.

By signing this document, I have fully informed myself of its content and meaning, and understand its content and meaning.

Signature _____ Date YYYY - MM - DD _____

Parent / Guardian Signature (Required if applicant is under 18 years of age) _____ Date YYYY - MM - DD _____

AGENCY USE ONLY

Verified by: _____	Employee Number: _____	Date YYYY - MM - DD _____
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