



CRIMINAL RECORD & JUDICIAL MATTERS CHECK
VULNERABLE SECTOR CHECK

(FOR THE VULNERABLE SECTOR CHECK, UNIT 3 MUST ALSO BE COMPLETED)

*UNIT 1 THIS SECTION TO BE COMPLETED BY APPLICANT

MAILING ADDRESS BELOW (PLEASE PRINT CLEARLY)

DATE OF REQUEST Y Y M M D D

Form for mailing address: LAST NAME, FIRST NAME, STREET (NUMBER AND NAME), APT/UNIT #, CITY, PROVINCE, POSTAL CODE

Form for personal details: MIDDLE NAME, DATE OF BIRTH, MAIDEN NAME OR OTHER SURNAMES USED, OTHER FIRST NAMES USED, PLACE OF BIRTH, GENDER

TELEPHONE (RESIDENTIAL), CELL PHONE, DRIVER'S LICENCE #

Address History - please fill out if resident address differs from mailing address and/or if resided OUTSIDE of the Region in the past 5 years.

Table with 6 columns: STREET NAME AND NUMBER, APT/UNIT #, CITY, PROVINCE, POSTAL CODE, # OF YEARS

REASON FOR REQUEST: VOLUNTEER, EMPLOYMENT, OTHER (IF OTHER PLEASE SPECIFY). IS "REASON FOR REQUEST" DEALING WITH THE VULNERABLE SECTOR? YES/NO. *** IF YES, UNIT 3 MUST BE COMPLETED ***

SELF-DECLARATION (If Applicable): DECLARATION OF CRIMINAL RECORD ATTACHED YES/NO

*UNIT 2 POLICE USE ONLY - One box must be checked for each section

Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

1 RESULTS FOR NAME-BASED CRIMINAL RECORD VERIFICATION

Table with 2 columns: Result (NEGATIVE, INCOMPLETE, POSSIBLE MATCH) and Description of search outcome.

NOT VALID UNLESS EMBOSSED BY HAMILTON POLICE SERVICE SEAL

2 RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS. CERTIFIES THAT OUR SEARCH DID NOT IDENTIFY ANY RECORDS ASSOCIATED WITH THE APPLICANT THAT MAY BE DISCLOSED IN ACCORDANCE WITH FEDERAL LAWS.

3 RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS. NEGATIVE - NO INFORMATION WAS REVEALED THAT CAN BE DISCLOSED IN ACCORDANCE WITH FEDERAL LAWS, LOCAL AND RCMP POLICIES.

4 RESULTS OF VULNERABLE SECTOR SCREENING ONLY. A NAME BASED SEARCH OF PARDONED SEX OFFENDER RECORDS WAS CONDUCTED WITH NEGATIVE RESULTS.

DATE OF SEARCH Y Y M M D D CLERK NUMBER

THE CRIMINAL RECORD & JUDICIAL MATTERS CHECK WILL INCLUDE THE FOLLOWING INFORMATION AS IT EXISTS ON THE DATE OF THE SEARCH:

- CRIMINAL CONVICTIONS FROM CPIC AND/OR LOCAL DATABASES.
- SUMMARY CONVICTIONS, FOR FIVE YEARS, WHEN IDENTIFIED.
- FINDINGS OF GUILT UNDER THE YOUTH CRIMINAL JUSTICE ACT, WITHIN THE APPLICABLE DISCLOSURE PERIOD.
- OUTSTANDING ENTRIES, SUCH AS CHARGES AND WARRANTS, JUDICIAL ORDERS, PEACE BONDS, PROBATION AND PROBATION ORDERS.
- ABSOLUTE AND CONDITIONAL DISCHARGES FOR 1 AND 3 YEARS RESPECTIVELY.

THE VULNERABLE SECTOR CHECK WILL INCLUDE ALL OF THE ABOVE AND THE FOLLOWING INFORMATION AS IT EXISTS ON THE DATE OF THE SEARCH:

- IN VERY EXCEPTIONAL CASES, WHERE IT MEETS THE EXCEPTIONAL DISCLOSURE ASSESSMENT, NON-CONVICTION DISPOSITIONS INCLUDING, BUT NOT LIMITED TO, WITHDRAWN AND DISMISSED.
- DISPOSITIONS OF NOT CRIMINALLY RESPONSIBLE BY REASON OF MENTAL DISORDER WITHIN THE APPLICABLE DISCLOSURE PERIOD.
- POLICE CONTACT, IN VERY EXCEPTIONAL CIRCUMSTANCES, ONLY WHERE IT MEETS THE EXCEPTIONAL DISCLOSURE ASSESSMENT.
- RECORD SUSPENSIONS (PARDONS) AS AUTHORIZED FOR RELEASE BY THE MINISTER OF PUBLIC SAFETY.

1. I HEREBY RELEASE AND DISCHARGE THE HAMILTON POLICE SERVICE AND ALL MEMBERS AND EMPLOYEES OF THE SAID 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 INFORMATION BY THE POLICE SERVICE. I HEREBY AUTHORIZE THE HAMILTON POLICE SERVICE TO INQUIRE INTO AND DISCLOSE THE RESULTS OF ANY POLICE RECORDS INDICATING CRIMINAL CONVICTIONS, CONDITIONAL AND ABSOLUTE DISCHARGES, OUTSTANDING CRIMINAL CHARGES TO ME AND TO CONDUCT A LOCAL POLICE CONTACT SEARCH WITH ANY POLICE SERVICE IN CANADA.

2. 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.

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

*** UNIT 3**

VULNERABLE SECTOR CHECK

THIS SECTION IS RESTRICTED TO APPLICANTS SEEKING EMPLOYMENT AND/OR VOLUNTEERING WITH VULNERABLE INDIVIDUALS.

"VULNERABLE PERSONS" MEANS PERSONS WHO, BECAUSE OF THEIR AGE, A DISABILITY OR OTHER CIRCUMSTANCES, WHETHER TEMPORARY OR PERMANENT, (A) ARE IN A POSITION OF DEPENDENCE ON OTHERS; OR (B) ARE OTHERWISE AT A GREATER RISK THAN THE GENERAL POPULATION OF BEING HARMED BY PERSONS IN A POSITION OF AUTHORITY OR TRUST RELATIVE TO THEM.

REASON FOR CONSENT (PLEASE FILL OUT THE FOLLOWING)

I AM AN APPLICANT FOR A PAID OR VOLUNTEER POSITION WITH A PERSON OR ORGANIZATION RESPONSIBLE FOR THE WELL-BEING OF ONE OR MORE CHILDREN OR VULNERABLE PERSONS.

DESCRIPTION OF THE PAID OR VOLUNTEER POSITION

NAME OF THE ORGANIZATION STAFFING THE POSITION

DETAILS REGARDING THE RESPONSIBILITIES TOWARDS CHILDREN OR VULNERABLE PERSON(S) INCLUDING AGES

CONSENT

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 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, 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 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. IF I FURTHER CONSENT IN WRITING TO DISCLOSURE OF THAT INFORMATION TO THE PERSON OR ORGANIZATION REFERRED TO ABOVE THAT REQUESTED THE VERIFICATION, THAT INFORMATION WILL BE DISCLOSED TO THAT PERSON OR ORGANIZATION.

SIGNATURE OF APPLICANT

DATE Y Y M M D D