

☐ POLICE INFORMATION CHECK☐ POLICE VULNERABLE SECTOR CHECK☐

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

*UNIT 1	TH										
		IS SECTION T	O BE COMPLE	TED BY APPLICAN							
MAI	LING ADDRESS BELOW (PLE	ASE PRINT CLEA	RLY)		DATE OF REQUEST	Y	Υ	M N	И	D D	
LAST NAME		FIRST NAM	ME N	MIDDLE NAME		Y	Y	M N	M	D D	
STREET (NU	STREET (NUMBER AND NAME)		# N	MAIDEN NAME OR OTHER SURNAME		MES USED OTHER FIRST NA			MES USED		
CITY PROVINCE		POSTAL C	ODE	PLACE OF BIRTH					GENDER		
ELEPHONE (RESIDE	ENTIAL)	CELL PHONE			DRIVER'S LICENC	E#					
Address His	tory – plaase fill out if residen	t address differs f	rom mailing addres	s and/or if resided OUTS	IDE of the Peo	ion i	a the	naet	5 vo	are	
	Address History – please fill out if residen STREET NAME AND NUMBER		CITY	PROVINCE		POSTAL CODE			# OF YEARS		
	UEST" DEALING	*** IF YES	, UNIT 3 <u>MUST</u> BE	COMPLETED ***	DECLARATION	OF CF	_	L RECO	ORD A	ATTACHE	
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THE POLICE INFORMATION CHECK WILL INCLUDE THE FOLLOWING INFORMATION AS IT EXISTS ON THE DATE OF THE SEARCH: OLITSTANDING ENTRIES, SLICH AS CHARGES AND WARRANTS, JUDICIAL ORDERS, PEACE BONDS, PROBATION AND PROHIBITION ORDERS. · CRIMINAL CONVICTIONS (SUMMARY AND INDICTABLE) FROM CPIC AND/OR LOCAL DATABASES. · ABSOLUTE AND CONDITIONAL DISCHARGES. · FAMILY COURT RESTRAINING ORDERS. · CRIMINAL CHARGES RESULTING IN DISPOSITIONS INCLUDING, BUT NOT LIMITED TO, WITHDRAWN, DISMISSED, AND CASES OF NOT CRIMINALLY RESPONSIBLE BY REASON OF MENTAL DISORDER AS LISTED ON LOCAL INDICES. POLICE CONTACTS INCLUDING BUT NOT LIMITED TO THEFT, WEAPONS, SEX OFFENCES, DISPUTES/DISTURBANCES, OR VIOLENT, HARMFUL AND THREATENING BEHAVIOUR. THE POLICE VULNERABLE SECTOR CHECK WILL INCLUDE ALL OF THE ABOVE AND THE FOLLOWING INFORMATION AS IT EXISTS ON THE DATE OF THE SEARCH: POLICE CONTACTS INCLUDING BUT NOT LIMITED TO THEFT, WEAPONS, SEX OFFENCES, DISPUTES/DISTURBANCES, OR VIOLENT, HARMFUL OR THREATENING BEHAVIOR WHICH MAY OR MAY NOT HAVE INVOLVED A MENTAL HEALTH INCIDENT WHERE NO CHARGES WERE LAID. · ALL PARDONED CRIMINAL CONVICTIONS, INCLUDING NON SEX OFFENCES, IDENTIFIED AS A RESULT OF A VULNERABLE SECTOR VERIFICATION SEARCH AND AUTHORIZED FOR RELEASE BY THE MINISTER OF PUBLIC SAFETY AND EMERGENCY PREPAREDNESS 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. 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

UNII 3	PULICE VULNERABLE SECT	OR CHECK						
"VULNERABLE PERSONS" MEANS PERS	CTED TO APPLICANTS SEEKING EMPLOYMENT AND/OR CONS WHO, BECAUSE OF THEIR AGE, A DISABILITY OR OTHER CIR RS; OR (B) ARE OTHERWISE AT A GREATER RISK THAN THE GENE AUTHORITY OR TRUST RELATIVE TO T	RCUMSTANCES, WHETHER TEM ERAL POPULATION OF BEING HA	IPORARY OF	R PERMAN	IENT, (A)			
PART 1	IDENTIFICATION OF THE APPLI	CANT						
SURNAME	GIVEN NAME(S)	GENDER MALE FEMALE	DATE OF BIRTH	Y Y	М	М	D	D
PART 2	REASON FOR CONSENT (PLEASE FILL OU	T THE FOLLOWING)						
I AM AN APPLICANT FOR A P.	AID OR VOLUNTEER POSITION WITH A PERSON OR OF ONE OR MORE CHILDREN OR VULNERAB		LE FOR TH	IE WELL	-BEING) OF		
DESCRIPTION OF THE PAID OR VOLUNTEER PO	NAME OF THI	E PERSON OR ORGANIZATION						
DETAILS REGARDING THE RESPONSIBILITIES T	TOWARDS CHILDREN OR VULNERABLE PERSON(S)							
PART 3	CONSENT							
	DE IN THE AUTOMATED CRIMINAL RECORDS RETRIEVAL SYSTEM						OUT	IF I

DATE Y

M

D D

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