

Hamilton Police Service

THIS SEARCH IS FOR INDIVIDUALS SEEKING A VOLUNTEER AND/OR EMPLOYMENT POSITION WITH CHILDREN OR VULNERABLE PERSON(S).

REQUEST FOR VULNERABLE SECTOR SCREENING

OFFICE USE

DATE RECEIVED Y Y M M D D

(PLEASE PRINT)

LAST NAME		FIRST NAME		MIDDLE NAME	
MAIDEN NAME OR OTHER SURNAMES USED				PLACE OF BIRTH (CITY, PROVINCE, OTHER)	
D O B	Y Y M M D D	SEX	AREA	TELEPHONE (RES.)	DRIVER'S LICENCE NUMBER
NUMBER	STREET	APT. / UNIT	CITY	POSTAL CODE	

(PROVIDE PREVIOUS ADDRESSES IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)

NUMBER	STREET	APT. / UNIT	CITY	POSTAL CODE
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REASON FOR REQUEST: SCREENING FOR

EMPLOYMENT VOLUNTEER STUDENT PLACEMENT OTHER: _____

AUTHORIZATION, RELEASE AND WAIVER:

I HEREBY AUTHORIZE, AND CONSENT TO, THE FULL DISCLOSURE OF THE FOLLOWING INFORMATION AND RECORDS BY THE HAMILTON POLICE SERVICE, AND BY ANY OTHER POLICE AGENCY IN CANADA TO WHICH A COPY OF THIS FORM IS PROVIDED:

- A. CRIMINAL RECORD (ADULT)
- B. CRIMINAL RECORD (YOUNG PERSON).*
- C. RECORDS OF "NOT GUILTY: NOT CRIMINALLY RESPONSIBLE ON ACCOUNT OF MENTAL DISORDER."
- D. CONVICTIONS, PENDING CHARGES AND ONGOING INVESTIGATIONS UNDER FEDERAL STATUTES AND PROVINCIAL STATUTES, WHERE AVAILABLE. (NOTE: INFORMATION MAINTAINED UNDER THE HIGHWAY TRAFFIC ACT AND THE COMPULSORY AUTOMOBILE INSURANCE ACT IS NOT INCLUDED).
- E. RELEVANT OCCURRENCE REPORTS.
- F. PROBATION, PROHIBITION AND OTHER JUDICIAL ORDERS.

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED. *(Not applicable for persons under the age of 21)*
 I 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 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 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 service or other authorized body. That police service or authorized body will then disclose that information to me.

SIGNATURE OF APPLICANT

* PURSUANT TO SECTION 119(1) OF THE **YOUTH CRIMINAL JUSTICE ACT**, A **YOUTH RECORD** CAN BE MADE AVAILABLE TO THE YOUNG PERSON TO WHOM THE RECORD RELATES AND FOR THE PURPOSE OF GRANTING A SECURITY CLEARANCE.

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 CITY OF HAMILTON, THE HAMILTON POLICE SERVICES BOARD, THE HAMILTON POLICE SERVICE, AND ALL THEIR 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, AS A RESULT OF, OR CONNECTED TO, THE RELEASE OF THIS INFORMATION.

FURTHERMORE, I WAIVE ALL RIGHTS, PRESENT AND FUTURE, RELATING TO THE RELEASE OF THE INFORMATION SET OUT HEREIN, AND UNDERSTAND THAT UPON DISCLOSURE OF SUCH INFORMATION, THE POLICE SERVICE AND ALL THE AFORESAID WAIVE ANY RESPONSIBILITY FOR THE USE, APPLICATION AND/OR DISSEMINATION OF SAME BY ME.

THE INFORMATION LOCATED AND/OR RELEASED MAY OR MAY NOT PERTAIN TO THE SUBJECT OF THIS INQUIRY. POSITIVE IDENTIFICATION CAN ONLY BE CONFIRMED THROUGH SUBMISSION OF FINGERPRINTS.

DATE: _____

SEARCH RESULTS WILL BE PURGED IF NOT PICKED UP WITHIN 90 DAYS.

SIGNATURE OF APPLICANT

OFFICE USE ONLY

ID SHOWN: YES NO CLERK # _____

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Valid Driver's Licence | <input type="checkbox"/> Citizenship Documents | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immigration Documents |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Ontario Age of Majority Card | <input type="checkbox"/> Health Card (with photo) | <input type="checkbox"/> Student Card (with photo) |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Native Status Card | <input type="checkbox"/> Firearms Licence | <input type="checkbox"/> Employment I.D. (with photo) |
| <input type="checkbox"/> Vehicle Insurance/Ownership | | | |

PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND DISCLOSED UNDER THE AUTHORITY OF THE POLICE SERVICES ACT AND WILL BE USED TO DISCLOSE PERSONAL INFORMATION TO THE APPLICANT. **FEES, HOURS OF OPERATION AND OUR LOCATION CAN BE FOUND ON OUR WEBSITE, WWW.HAMILTONPOLICE.ON.CA UNDER "PUBLIC SERVICES-RECORDS"**. ANY PERSON OR ORGANIZATION WHICH ACQUIRES INFORMATION RELATING TO AN APPLICATION FOR A POSITION SHALL NOT USE IT OR COMMUNICATE IT EXCEPT IN RELATION TO THE ASSESSMENT OF THE APPLICANT. SCREENING FEES ARE **NON REFUNDABLE**.