

**POLICE INFORMATION CHECK/
POLICE VULNERABLE SECTOR CHECK (if applicable complete UNIT 2)**

The Police Information Check will include the following information as it exists on the date of the search:

- Outstanding Entries, such as charges and warrants, judicial orders, peace bonds, probation and prohibition orders
- Criminal convictions (summary and indictable) from CPIC and/or local databases
- Dispositions including, but not limited to, Withdrawn, Dismissed, and cases of Not Criminally Responsible by Reason of Mental Disorder as listed on local indices.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, or violent, harmful and threatening behavior.

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, or violent, harmful and threatening behavior which may or may not have been involved in a mental health incident.
- 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.

UNIT 1

APPLICANT BACKGROUND INFORMATION

Family Name	Given Name (1)	Given Name (2)	Known By	
Maiden Name	Other Names (legally changed)	Sex	Email Address	
Date of Birth (YYYY/MM/DD)	Place of Birth	Telephone (Home)	Telephone (Other)	
Current Address		City	Province	Postal Code

Previous Address(es) PLEASE FILL OUT IF RESIDENT ADDRESS AND/OR IF RESIDED OUTSIDE OF THE TOWN OF COBOURG IN THE PAST FIVE (5) YEARS


Previous Address	City	Province	Postal Code
Previous Address	City	Province	Postal Code

REASON FOR REQUEST (state below) SELF DECLARATION (if applicable)

Reason: (volunteer, employment or other – please specify)	<input type="checkbox"/> Declaration of Criminal Record Attached
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Is "Reason for Request" dealing with vulnerable Sector? Yes No **If yes, Unit 2 MUST be completed.**

IDENTITY VERIFICATION (completed and signed by verifier)

Name of Police Service Cobourg Police Service		
Address of Service 107 King Street West, Cobourg, ON, K9A 2M4		
<i>Primary Identification (Must be government issued and include Applicant's name, date of birth, signature and photo. Do NOT record Health Card or SIN #'s – check off viewed only.</i>		
Photo Identification No.	<input type="checkbox"/> Viewed	
Secondary Identification No.	<input type="checkbox"/> Viewed	

Declaration of Criminal Record Form is attached

VERIFICATION (Completed and Signed by Verifier)

Verifier's Name and Title

Verifier's Signature & Badge Number

X.

I hereby release and discharge the Cobourg 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 Cobourg Police Service to inquire into and disclose the results of any police records indicating criminal convictions, conditional and absolute discharges, outstanding criminal charges and to conduct a local police contact search with any Police Service in Canada.

I hereby certify that the information provided above 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:

Applicant's Signature: X.....

UNIT 2

POLICE VULNERABLE SECTOR SEARCH

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.

Part I: IDENTIFICATION OF APPLICANT

Surname Name	Given Name (1)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd):
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Part II: REASON FOR CONSENT

(Please fill out the following completely – If not completed in full search will not be conducted):

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 person or organization:
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Details regarding the responsibilities towards children or vulnerable person(s):

Part III: 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.

Contributing Agency: **Cobourg Police Service, 107 King Street West, Cobourg, ON, K9A 2M4**

Signature of Applicant:	Date (yyyy/mm/dd):
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