



**Attached Record Check Forms apply to City of Charlottetown residents only.**

**Please fill out the attached two forms (do not sign in the signature areas) and return with a PHOTOCOPY of two pieces of Identification.**

**Acceptable forms of ID include:**

**Driver's license**

**Passport**

**Student/Voluntary ID**

**Birth Certificate**

**VISA/Mastercard**

**SIN cards are NOT accepted.**

**We also require a signed letter from the organization you will be volunteering for, indicating your name on their letterhead.**

**Non-residents of Charlottetown can contact their local policing agency when applying for a records check.**



**CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

(FORM 1)

*This form is to be used by a person applying for a position with a person or organization responsible for the well being of one or more children or vulnerable persons. If the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.*

**Identification of the Applicant:**

<b>Surname:</b>	<b>Given First Name:</b>	<b>Given Second Name:</b>
<b>Date of Birth:</b>	<b>Place of Birth:</b>	<b>Sex:</b> <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Current Address:</b>		
<b>Previous Address:</b> (If any, within the last 5 years)		

**Reason for the Consent**

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.

<b>Description of paid or volunteer position:</b>	<b>Name of the person or Organization:</b>
<b>Details regarding the children or vulnerable person:</b>	

**Consent**

I consent to the Charlottetown Police Services conducting a search 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 of 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 of 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 the Charlottetown Police Services. The Charlottetown Police Services 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Charlottetown Police Services

VS Inquiry Completed:                      Negative                       Form 2 Required

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Charlottetown Police Services



**CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION**

I, \_\_\_\_\_, acknowledge and confirm that I have read and understand the information contained on the reverse side of this form, and that in providing the information requested below, and signing this Consent to Release of Information I am authorizing the Charlottetown Police Services to conduct a review of its records, and to obtain information pertaining to me from other policing authorities or sources, as it deems appropriate and to report on any information obtained in the space below. The information which may be reported will not include any criminal offenses for which pardons have been granted or matters protected from public release, such as criminal offenses committed while a minor.

**IF COMPLETING THIS FORM BY HAND, PLEASE PRINT**

**SECTION 1**

<b>Surname</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>
<b>Sex: Male _____ Female _____</b>	<b>Date of Birth Y: _____ M: _____ D: _____</b>	<b>Place of Birth</b>	<b>Telephone Number</b>
<b>Reason for Request:</b>			
<b>Please complete on past 5 years</b>			
<b>Address (Street No. Apt. No.)</b>		<b>City/Prov.</b>	<b>Postal Code</b>
<b>Address (Street No. Apt. No.)</b>		<b>City/Prov.</b>	<b>Postal Code</b>

**SECTION 2**

**I hereby authorize the Charlottetown Police Services to disclose my personal information to:**

<b>Name of Organization/Service Delivery Agency (SDA):</b>
<b>Address</b>

<b>Applicant Signature</b>	<b>Witness Signature</b>
<b>Date: _____</b>	<b>Date: _____</b>

**SECTION 3**

The following information is based on records of the Charlottetown Police Services or records from other Policing Agencies accessible through computer inquiries and is based on the information supplied in Section 1. A record may or may not exist for the applicant named, positive identification and a certified criminal record can only be verified and obtained through a fingerprint check.

The following categories of records will be accessed. Applicant is to initial categories to be disclosed	<b>FOR POLICE USE ONLY (Check and Date)</b>
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<b>Initials</b>	<b>Category of Information For Disclosure</b>	<b>No Record Located</b>	<b>Record May or May Not Exist</b>
	Records of criminal convictions found on CPIC for which a pardon has not been granted and records of discharges which have not been removed from the CPIC system in accordance with the Criminal Records Act. Includes all charges regardless of disposition.		
	Police information located on computer and or manual records systems i.e.: Police Reporting and Occurrence System (PROS), Police Information Retrieval System (PIRS), Police Information Portal (PIP), Provincial Integrated Justice Computer System and information found in local police indices checks. This information relates to all non-conviction and all charges regardless of disposition.		
	Other - (Foreign Born )		

**SECTION 4**

**Waiver and release:** I hereby release and forever discharge the City of Charlottetown and the Charlottetown Police Services, their members, employees and agents from any and all actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Applicant Signature \_\_\_\_\_

Chief of Police \_\_\_\_\_



**PURPOSE:**

To provide accurate and up to date information to applicants requiring information for the purposes of job requirements, bonding, educational course requirements etc.

To implement a preventative measure to assist organizations in successfully recruiting appropriate leaders for resident youth.

To reduce the liability or element or risk to both the City and volunteer based organizations in the matter of the recruitment of volunteers.

To act in a proactive manner to protect children involved in sport and other youth related activities, recognizing the significant role a coach or leader can play in a child’s physical, social and emotional development.

**PROCEDURE:**

The Service Delivery Agency (SDA) (volunteer based organization) is responsible for the dissemination and collection of volunteer screening forms for all of its volunteers.

For those organizations associated with the City of Charlottetown, Department of Parks and Recreation, volunteer screening shall be conducted on an annual basis. Not doing so may result in the City of Charlottetown withdrawing support services to the organization.

The forms will be submitted **by the SDA** to the Charlottetown Police Services (CPS), once completed by the persons applying to be a volunteer (Applicant).

No applicant will be accepted or confirmed in a volunteer position within the SDA until the screening process has been completed **with acceptable results**.

Once the screening process has been completed by the CPS, the following shall occur:

1. Where the inquiries are negative, the form shall be returned direct to the submitting SDA.
2. Where the inquiries may be positive, attempts will be made to contact the applicant by phone, advising of the positive result.
3. Where the applicant has completed Section 2, authorizing the release of the of the completed form to the identified SDA, form shall be directed to the SDA, unless the applicant chooses to rescind the prior authority.
4. Upon completion, all forms shall be signed and stamped by the Chief of Police or his designate.

**The applicant retains the right to not submit to this screening process but in doing so relinquishes the right to be accepted as a volunteer.**

If a person has been **suspected of a criminal offence** or was charged but not convicted, the CPS may report on that information, if it is deemed to a safety concern to the program or its participants. In such cases representative of the Police Department will contact the applicant to express concern about the appropriateness of volunteering.

Upon completion of the screening process all forms returned to the SDA. Any SDA associated with the Department of Parks and Recreation shall submit forms to the Department of Parks and Recreation for verification, and safekeeping. Confidentiality shall be maintained on all forms.

<b>FOR DEPT. USE -</b>		<b>PARDON APPLICATIONS</b>	
<b>Offence Date</b>	<b>Place of Offence</b>	<b>Offence</b>	<b>Disposition</b>