



Volunteer/Applicant Screening Process

Consent to Disclosure of Personal Information

Note: This form to be used to assist the agency to determine the suitability of successful candidates for either full or part time employment and/or volunteer duties having direct contact with children or vulnerable persons.

Applicant Information

Surname				Given Names			
Maiden Name or Other Names used (if applicable)				Place of Birth			
D.O.B.	Sex	Area	Telephone (Res.)			Driver's Licence Number	
YY	MM	DD					
Address: Number Street			Apt./Unit		City/Town/Municipality		Postal Code

Previous addresses for the last five years (If insufficient room, attach a separate sheet.)

Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence

(Please read carefully.)

I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfill the requirements of the volunteer/applicant screening process. This consent is given pursuant to s.42(b) of the Freedom of Information and Protection of Privacy Act.

Name	Title
Name of Organization	

The *Criminal Records Act*, provides for additional information to be provided to a person or organization responsible for the well-being of one or more children or vulnerable persons. I am an applicant for a paid or volunteer position with such a person or organization, as defined by the *Criminal Records Act*, as described below:

Description of the paid or volunteer position:	
Name of the person or organization:	Title
Details regarding the child(ren) or vulnerable person(s):	

Therefore, pursuant to a request by the above person or organization, I hereby consent to a search of the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the offences listed in the schedule to the *Criminal Records Act*. I understand that pursuant to this consent, if I am determined to be the person named in a criminal record as described above, that record may be disclosed to the Ontario Provincial Police (OPP) and the OPP will then disclose that information to me and to the person or organization referred to above.

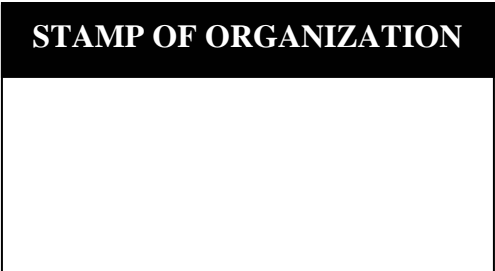
Release and Discharge

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Commissioner of the Ontario Provincial Police and all members and employees of the OPP 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 OPP.

Signature of Applicant *Date*

Signature - Organization Witness

Identification verified by



Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person except as provided above.

The information provided is based on a name check only, and having a birth date as provided above.

- Fails to reveal any record relating to the above subject
- Indicates the following information may relate to the above subject.

**Agency Letter
Request to Check Pardoned
Sexual Offender Database**

The following suggested format must come from the Organization to formally request a check of the Pardoned Sexual Offender Database and accompany each completed LE220E or LE220F or be on file for a position that has continued and direct exposure to a vulnerable sector group. e.g. Boy Scout Leader. This must be on file for each request for a VS check and available for audit purposes.

Date: _____

**County of Wellington OPP
321 St. Andrews Street West
Fergus, Ontario.
N1M 1P1**

Attention: Detachment Commander

Re: Police Record Check

As the authorized representative of a person or organization that is responsible for the well-being of one or more children or vulnerable persons as defined in section 6.3(1) of the Criminal Records Act (Act), I hereby request that the Ontario Provincial Police

_____ **Conduct a search**

_____ **Do not conduct a search**

pursuant to s. 6.3 of the Act with respect to the following individual(s).

(Name of Volunteer)

Name: _____

Person/Organization: _____

Signature: _____