



NIAGARA REGIONAL POLICE SERVICE

POLICE RECORD CHECK APPLICATION FORM

Last Name:	First Name:	Middle Name:
Maiden Name or other Surnames used:	Date of Birth (YYYY-MM-DD):	Gender:
Number and Street Name:	Apt/Unit #	City:
Province:	Postal Code:	Place of Birth:
E-Mail Address:	Phone Number:	

Address History: (indicate all addresses in the past five (5) years)				
Number and Street Name:	City	Province	Postal Code	Length of time

<input type="checkbox"/> Volunteer	Self Declaration (Do you have a Criminal Record?)	
<input type="checkbox"/> Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other (Specify):	If indicated yes above, please complete the Declaration of Criminal Record form	
<input type="checkbox"/> Mail <input type="checkbox"/> Pickup		

<input type="checkbox"/>	<p>Police Criminal Record Check</p> <p>A Police Criminal Record Check is NOT intended for applicants seeking to work or volunteer directly with vulnerable persons. The search will include:</p> <ul style="list-style-type: none"> - Criminal convictions, from CPIC and/or local databases - Summary convictions (previous 5 years) when identified - Findings of guilt under the <i>Youth Criminal Justice Act</i> within the applicable disclosure period <p>NOTE: Records for applicants under the age of 18 will only be provided to agencies that fall within Sec 119 (1)(o) of the YCJA. (e.g. Federal, Provincial and Municipal agencies)**</p>
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<input type="checkbox"/>	Extra Copies required # _____
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<input type="checkbox"/>	<p>Police Criminal Record and Judicial Matters Check</p> <p>A Police Criminal Record and Judicial Matters Check is NOT intended for applicants seeking to work or volunteer directly with vulnerable persons. The search will include:</p> <ul style="list-style-type: none"> - Criminal convictions from CPIC and/or local databases. - Summary convictions (previous 5 years) when identified - Outstanding entries, such as charges, warrants, judicial orders, probation and prohibition orders - Findings of guilt under the <i>Youth Criminal Justice Act</i> (YCJA) within the applicable disclosure period - Absolute and Conditional Discharges (for 1 or 3 years respectively) <p>NOTE: Records for applicants under the age of 18 will only be provided to agencies that fall within Sec 119 (1)(o) of the YCJA. (e.g. Federal, Provincial and Municipal agencies)**</p>
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<input type="checkbox"/>	Extra Copies required # _____
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<input type="checkbox"/>	<p>Police Vulnerable Sector Check</p> <p>A Police Vulnerable Sector Check is intended for applicants who will be in a position of trust or authority over children or vulnerable persons <u>in Canada only</u>. (This means more than having contact with children or vulnerable persons.) This search will include:</p> <ul style="list-style-type: none"> - Criminal convictions from CPIC and/or local databases - Summary convictions (previous 5 years) when identified - Outstanding entries, such as charges, warrants, judicial orders, probation and prohibition orders - Findings of guilt under the <i>Youth Criminal Justice Act</i> (YCJA) within the applicable disclosure period - Absolute and Conditional Discharges (for 1 or 3 years respectively) - Dispositions of not criminally responsible by reason of mental disorder - Where it meets the exceptional disclosure assessment, non-conviction dispositions including, but not limited to, withdrawn and dismissed charges. - Record suspensions (formerly known as pardons) as authorized for release by the Minister of Public Safety <p>NOTE: Records for applicants under the age of 18 will only be provided to agencies that fall within Sec 119 (1)(o) of the YCJA. (e.g. Federal, Provincial and Municipal agencies)**</p>
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NOTE: Extra copies cannot be obtained for Police Vulnerable Sector Checks

I am an applicant for a paid or volunteer position with a person or organization responsible for the wellbeing of children or vulnerable persons, and I will be in a position of trust or authority with children or vulnerable persons.

Description of the paid or volunteer position:

Name of the person or organization:

Details regarding the responsibilities towards the children or vulnerable sector:

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 record suspension (formerly known as a pardon) for any of the sexual offences that are listed in the schedule of the Criminal Records Act. I understand, 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 record suspension (formerly known as 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 service or other authorized body. That police service 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.

Applicants Signature: _____

1. I hereby release and discharge the Niagara Regional 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 Niagara Regional Police Service. I hereby authorize the Niagara Regional Police Service to inquire into and disclose the results of any police records check and to conduct a local police contact search with any police service in Canada.
2. 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: _____

Identification Shown

<input type="checkbox"/>	Valid Driver's Licence	<input type="checkbox"/>	Health Card (with photo)
<input type="checkbox"/>	Citizenship Documents	<input type="checkbox"/>	Student Card (with photo)
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Valid Passport
<input type="checkbox"/>	Immigration Documents / Permanent Residence Card	<input type="checkbox"/>	Native Status Card
<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>	Employment ID (with photo)
<input type="checkbox"/>	Ontario Photo Card	<input type="checkbox"/>	Vehicle Insurance / Ownership
<input type="checkbox"/>	Possession and Acquisition Licence	<input type="checkbox"/>	Other (specify):

Clerk ID

Date Received

Receipt #