# Hamilton Police Service

www.hamiltonpolice.on.ca

# REQUEST FOR VULNERABLE SECTOR SCREENING

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

**(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.

G WHERE THE SUBJECT INDICATED RESIDENCE IN ANOTHER JURISDICTION IN CANADA WITHIN THE PREVIOUS FIVE (5) YEARS, INFORMATION WAS REQUESTED FROM THE RELEVANT POLICE AGENCY. RELEASE CRITERIA OF OTHER AGENCIES MAY DIFFER FROM THAT OF THE HPS.

☐ 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.

| DATE | SIGNATURE |
|---|---|
| | |

**I HEREBY CONSENT TO HAVING THE RESULTS OF THIS SEARCH MAILED OUT TO ME AT THE ADDRESS I INDICATE ON THE RETURN ENVELOPE.** ☐ **YES**_____ **(Initials).** ☐ **NO**

**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. 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. 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.**

## OFFICE USE ONLY

☐ **The Hamilton Police Service has conducted the above search with negative results.**

☐ **The Hamilton Police Service has conducted the above search with the following results as indicated in the attached documents.**

☐ **A Search for sex offences for which a pardon has been granted was conducted with negative results.**

| DATE OF SEARCH | CLERK |
|---|---|
| | |

VALID ONLY WHEN EMBOSSED WITH AN ORIGINAL HAMILTON POLICE SERVICE SEAL

130534 JUN08

**Screening Fees are Non-Refundable**