Date:

RCMP
Vernon/North Okanagan Detachment
3402 30th Street
Vernon, BC V1T 5E5

To Whom It May Concern:

Volunteer - Criminal Record Check Request

This will certify that the individual listed below has applied as a volunteer for Lumby Minor Hockey Association. Please complete a Criminal Record Check for this individual at your earliest convenience. Thank you for your assistance.

Name: _____

Address: _____

Telephone: _____

Sincerely,

Tara Young

Tara Young
Secretary, Lumby Minor Hockey Association

Attn: President
Lumby Minor Hockey Association
P.O. Box 52
Lumby, B.C. V0E 2G0

XXXX Police Use Only
Receipt Date:
Received by:

Vernon/North Okanagan RCMP
Police Information Check

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	**Number:**
Type of ID Produced:	**Number:**

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
- Any applicable fee (see website for costs and payment options).
- One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.
- If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records.
This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party
(with the exception of confirmed positive Vulnerable Sector responses).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)

PREVIOUS NAMES (including name changes and birth/maiden name)	SEX (circle one) M F

DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:

ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE

PHONE NUMBER (residence)	PHONE NUMBER (cell)

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS) *Check Completed (office use only)

STREET NAME: _____ CITY: _____ PROVINCE: _____ ☐ yes ☐ no

STREET NAME: _____ CITY: _____ PROVINCE: _____ ☐ yes ☐ no

STREET NAME: _____ CITY: _____ PROVINCE: _____ ☐ yes ☐ no

STREET NAME: _____ CITY: _____ PROVINCE: _____ ☐ yes ☐ no

STREET NAME: _____ CITY: _____ PROVINCE: _____ ☐ yes ☐ no

REASON FOR APPLICATION (check appropriate): ☐ Volunteer (attach letter) ☐ - Employment ☐ Other (specify below)

Key Contact Name: _____

Volunteer Agency/Employer Name: _____

Volunteer Agency/Employer Address and Phone Number: _____

Attn: President
Lumby Minor Hockey Association
P.O. Box Box 52
Lumby, B.C V0E 2G5 **250-308-2810**

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: ☐ YES ☐ NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB

VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

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.

Reason for 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 person(s).

Description of the paid or volunteer position *(what you will be doing)*:_____

Provide details regarding the children or vulnerable person(s) *(what ages, type of client(s) you will be in authority over)*:

_____

Consent: I consent to a search being made in 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 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, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety 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 the 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.

_____	_____
Signature of Applicant	**Date Signed**

DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act, or* charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act.*

Date of Conviction	Nature of Offence	Location/Jurisdiction

NOT APPLICABLE

_____	_____
Signature of Applicant	**Date signed**

Applicant Name	Applicant DOB

SEARCH AND DISCLOSURE CONSENT, AND LIABILY RELEASE

I request and consent to the VERNON/NORTH OKANAGAN RCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. ***IF*** I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality of Falkland, Enderby, Armstrong, Lumby or the/ Corporation of City of Vernon its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

_____ _____

Signature of Applicant **Date Signed**

*****FOR OFFICE USE ONLY*****

QUERY TYPE	Queried by:	Negative	Attached	Date
CPIC CNI, PERS, FIP				
PRIME				
PIP/LEIP				
JUSTIN				
PIRS ED1/ED2				
VS – FP REQ.				

NOTES (office use only): _____