



* NO REFUNDS *

FOR AGENCY USE ONLY
Police Records Check and Vulnerable Position Screening

The results of this police records check apply only to the position specified on this application. If a specific position has not been indicated the results of this background check will have been determined at the highest risk level to the vulnerable sector. Employers / Volunteer Services should screen the assessment box (Questions 8 to 15) to ensure responsibilities are accurately described. If the questions are not completed, the results will have been determined at the highest risk level to the vulnerable sector.

AGENCY _____

Applicant's Information

- 1. Last Name _____ Given Names _____
- 2. Sex M F Date of Birth _____ Place of Birth _____
yy mm dd
- 3. Other Surnames / Alias (i.e. Maiden Name) _____
- 4. Current Address _____ Unit # _____ Telephone _____
- 5. Photo Identification (Specify type) _____
Identification Number: _____
- 6. Proof of London Address _____
- 7. Previous Addresses (Last Five Years) A) _____
B) _____ C) _____
D) _____ E) _____

This application is being made for the position of _____
with (Business, Agency, etc.) _____

I hereby certify that the above information is true and accurate.

Signature: _____ Date: _____

Please see reverse for Authorizations and Consents

- 8. Which of the vulnerable sector will the applicant be working / volunteering with? (check all that apply)
 Children Elderly Physically Disabled Mentally Disabled Infirm Other _____
- 9. Will there ever be any possibility the applicant will be alone with the vulnerable person? (check all that apply)

Applicant's home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Private interview room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vulnerable person's home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unsupervised setting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 10. Will the applicant be responsible for the safety or well being of a vulnerable person? Yes No
- 11. Will the applicant be in a position of trust or influence over the vulnerable person? Yes No
- 12. Will there ever be any possibility the applicant will be transporting the vulnerable person in a vehicle? Yes No
- 13. What activities will the applicant be engaged in with the vulnerable person? (check all that apply)

Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coaching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teaching	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please describe)	_____
- 14. Will the applicant have access to, be handling or administering any medications? Yes No
- 15. Will the applicant be handling any money? Yes No

WARNING: Where the information has been released to an Employer or Agency for employment or volunteering purposes, either by the London Police Service or the individual themselves, the information is to be used for employee or volunteer screening only, and improper use of the information would be in conflict with the Criminal Records Act.

This Document must bear
The London Police Corporate Seal
to signify it is a True Copy

This police records check which is based upon information provided by the applicant does not necessarily reflect a complete background search from all police agencies on all matters that may be of concern.

NOTE: Positive identification can only be satisfied by fingerprint comparison. Fingerprint comparison has not been done by the London Police.

AUTHORIZATIONS AND CONSENTS

I authorize the London Police Service to examine my background in order to determine my suitability for working with vulnerable individuals. This examination will include a criminal record check and a search of all available police records, and, on the basis of such investigation the London Police Service will indicate "relevant information" or "no relevant information" and the existence or non-existence of a criminal record. I understand police contacts will be evaluated based on the nature of the contact. I acknowledge and understand that the London Police Service is not making a recommendation for or against my suitability for employment or volunteering. This determination shall be the sole responsibility of the employer or volunteer agency requiring this police records check to be done.

Further, I consent to the London Police Service disclosing, to the Employer or Agency referred to on page one, indication of "relevant information or "no relevant information" as a result of their findings, and the existence or non-existence of a criminal record.

Applicant's
Signature: _____ Date: _____

This consent shall remain in effect for a period of 90 days from this date.

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 the response indicates a possible match 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, I will be notified to attend for fingerprinting for either confirmation or exclusion. I understand, if it is determined that I am the person for which a pardon was granted, 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 police service.

Applicant's
Signature: _____ Date: _____

(18 years or older)

This consent shall remain in effect for a period of 90 days from this date.

If form is being submitted by the Agency a representative of the Agency must verify the information upon completion of the form. For verification 2 pieces of identification are required, 1 piece must be photo identification. Proof of London address must also be verified.

PAID BY:

- Cash
- Debit
- Cheque
- Visa
- M/C
- Amex

**Information
verified by:**

_____ <i>Print Name</i>	_____ <i>Position</i>
_____ <i>Signature</i>	_____ <i>Date</i>

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CPIC Check _____ Local Record Check _____ Occurrence Check _____
 Completed Completed

This is to certify that as of (date) _____ a search based on the above name and birthdate reveals that
 yy mm dd

- DOES have information on file that may be relevant to the position noted on this form.**
- DOES NOT have information on file that may be relevant to the position noted on this form.**
- DOES have a criminal record with the London Police Service.**
(applicant may attend London Police Service to receive a copy of this document.)
- DOES NOT have a criminal record with the London Police Service.**
- DOES have a criminal record in the RCMP National Repository for Criminal Records in Canada.**
If this box is marked, the applicant may purchase a copy of this record for an additional fee.
- DOES NOT have a criminal record in the RCMP National Repository for Criminal Records in Canada.**
- Response(s) have not been received from all police agencies in relation to previous addresses.**

Records Screening Operator: _____

ANY MODIFICATION TO THIS FORM IS A CRIMINAL OFFENCE AND IS PUNISHABLE IN ACCORDANCE WITH THE CRIMINAL CODE OF CANADA.