



POLICE INFORMATION CHECK

Consent to Search and Disclosure Of Personal Information

Date Received (YYYY-MON-DD)
AMOUNT \$
<input type="checkbox"/> Invoice
<input type="checkbox"/> Debit
<input type="checkbox"/> Cash
<input type="checkbox"/> Cheque #

Please indicate the reason for the Police Information Check being required:

Employment Place of Employment: N / A
(ADDRESS MUST INCLUDE POSTAL CODE)

Volunteer Name of Organization: The WATCH
(Letter from organization required) Contact Person: Jeff Hansen, Watch Manager
Address: 135 1 Avenue South, Lethbridge, Alberta T1J 0A1
(ADDRESS MUST INCLUDE POSTAL CODE)

Other (Adoption, Foster Parents, Visa, Pardon, etc): _____
Contact Person & Address: _____
(ADDRESS MUST INCLUDE POSTAL CODE)

Please provide the following information about the position for which you are applying.

YOUR Position / Job title and duties: Watch Patroller

Does this position deal with being responsible for the well being of one or more children or vulnerable persons? Yes No

Does the Agency require a copy of the results mailed to them? Yes

In the event that no information about me is found, I consent to the release of the search results to the agency identified above. (Should information relating to a police record about me be found, the agency will not receive the results of the search, and I will be notified to personally attend the police station to confirm the information).

SIGNATURE: _____ DATE: _____

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ MALE FEMALE

DATE OF BIRTH (year/month/day): _____ PLACE OF BIRTH (Province/Country): _____

ALL OTHER SURNAMES USED (previous married names, maiden names, etc) _____

ALIASES / ALL OTHER GIVEN NAMES USED: _____

SPOUSES / COMMON LAW / ROOMMATES FULL NAME: _____ DATE OF BIRTH: _____

CURRENT STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS _____

PREVIOUS ADDRESSES WITHIN LAST 5 YEARS (City and Province only) _____

HAVE YOU EVER BEEN CRIMINALLY CHARGED OR FINGERPRINTED? Yes No

IF YES, WHEN AND WHERE? _____

TWO PIECES OF GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH, ARE REQUIRED. ONE MUST CONTAIN A PICTURE. Originals must be produced which will be photocopied.

OFFICE USE ONLY
Date of Clearance (YYYY-MON-DD)

OFFICE USE ONLY
Verified by:



POLICE INFORMATION CHECK WAIVER

I, _____, hereby consent to the collection and disclosure by the Lethbridge Police Service of all of the following:

- Criminal Record (Adult)
- Criminal Record (Young Person)
- Absolute and/or Conditional Discharges
- Alternative Measures and/or diversion involvement
- Records of not criminally responsible by reasons of mental disorder
- Pending charges, Warrants and ongoing investigations under Provincial and Federal Statutes
- Relevant information from Police Files, from any law enforcement agency, Canadian or otherwise
- Probation, Prohibition and other Judicial Orders which are in effect
- Pardons

I request that the Lethbridge Police Service provide me with a summary of the Police Information Check. I further understand that, upon release of such information, the Lethbridge Police Service waives any responsibility for the use, application or dissemination of such information by me.

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 Lethbridge Police Service, the Lethbridge Police Commission, the Chief of Police, the City of Lethbridge and all their employees, 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, including but not limited to negligence, as a result of, or connected to, the release of this information, and I further waive all rights, present or future, relating to the release of information set out herein.

I understand that any information provided by me for the purpose of this Police Information Check, including fingerprints, may be used or disclosed for law enforcement purposes. The information collected on this form and as part of the Police Information Check process will be collected, used, and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* or as otherwise provided by law.

Before signing this Police Information Check Waiver, I have fully informed myself of its content and meaning, and understand its content and meaning.

Signature of Applicant: _____

Date: _____

This Area Relates to Positions Involving Children* or Vulnerable Persons**

This area must be completed if you are 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 of authority or trust relative to those children or vulnerable persons, and you consent to a search being made in criminal records to determine if you have been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and have been pardoned.

***Children, as defined by the *Criminal Records Act*, means persons who are less than 18 years of age.**

****Vulnerable persons, as defined by the *Criminal Records Act*, means persons who, because of their age, a disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general population of being harmed by persons in authority or trust to them.**

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 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 Solicitor General 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 that information to me.

You must list the age(s) of the children OR describe the disability or circumstances of dependence of the vulnerable persons:

Signature of Applicant Consenting to Vulnerable Sector Search

Date