VULNERABLE SECTOR CHECK APPLICATION FORM

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☐ Youth
Government Agency form attached
Name of agency: _____

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

☐	Volunteer	Self Declaration (Do you have a Criminal Record?)	
☐	Employment **(SPECIFY NAME):**	☐ Yes	☐ No
☐	Other (Specify):	**If indicated yes above, please complete the Declaration of Criminal Record form**	
☐	Mail ☐ Pickup		

PLEASE CHOOSE ONLY ONE OF THE FOLLOWING THREE KINDS OF CHECKS:

☐ **Police Criminal Record Check**
A Police Criminal Record Check is NOT intended for applicants seeking to work or volunteer directly with vulnerable persons. The search will include:
- Criminal convictions, from CPIC and/or local databases
- Summary convictions (previous 5 years) when identified
- Findings of guilt under the *Youth Criminal Justice Act* within the applicable disclosure period

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)**

☐ Extra Copies required #_____

☐ **Police Criminal Record and Judicial Matters Check**
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:
- 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 *Youth Criminal Justice Act* (YCJA) within the applicable disclosure period
- Absolute and Conditional Discharges (for 1 or 3 years respectively)

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)**

☐ Extra Copies required #_____

☐ **Police Vulnerable Sector Check** **(A letter from the organization is required. Bring it along or e-mail it to screening@phps.on.ca)**
A Police Vulnerable Sector Check is intended for applicants who will be in a position of trust or authority over children or vulnerable persons in Canada only. **(This means more than having contact with children or vulnerable persons.)** This search will include:
- 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 *Youth Criminal Justice Act* (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

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)**

NOTE: EXTRA COPIES CANNOT BE OBTAINED FOR POLICE VULNERABLE SECTOR CHECKS

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the FOI, Port Hope Police Service, 55 Fox Road, Box 111, Port Hope, ON L1A 3V5.

DO NOT COMPLETE THIS SECTION UNLESS YOU NEED A POLICE VULNERABLE SECTOR CHECK COMPLETED

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.

☐ Children ☐ Elderly (over 65) ☐ Other – please specify:

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:_____
(for Vulnerable Sector Check)

1. I hereby authorize the Port Hope Police Service to conduct a search based on the names(s), date of birth and declared criminal record history, to obtain the information required to complete the Police Record Check and disclose such information to me. This includes a search of the Port Hope Police Service Records Management Systmes (RMS), and the Canadian Police Information Centre (CPIC) database, maintained by the RCMP. This search of the CPIC database includes a search of the Identification Data Bank (known as the National Respository of Criminal Records), the Investigative Data Bank and the Police Information Portal (PIP)
2. I hereby release and discharge the Port Hope Police Service Board and all members and employees of the Port Hope Police 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 the information to me by the Port Hope Police Service. I hereby authorize Port Hope Police Service to inquire into and disclose results of any police records to me including: criminal convictions (summary and indictable); absolute and conditional discharges; and cases of not criminally responsible for reasons of mental disorder; outstanding entries such as charges, judicial orders, probation and prohibition orders and to conduct a local police contact search with any Police Service in Canada
3. 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:_____

Two pieces of ID required. One must be a government-issued photo ID. (Health Cards can only be used as secondary ID)

Identification Shown

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

Clerk ID	Date Received	Fee Received

ID: Verified by: _____

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