



VULNERABLE SECTOR SCREENING

As required by Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information about you is being collected by York Regional Police in order to conduct a vulnerable sector screening at your request. Personal information contained on this form is collected pursuant to the *Police Services Act, s.41* and is collected for the personal use of the applicant. The results will be forwarded to the applicant at the address provided below.

Please **PRINT CLEARLY, using legal names only** (no short-form names). Complete fully. Use additional paper if spaces are insufficient.

Last Name: _____ Date of Birth (D/M/Y): _____

First Name (*in full*) _____ Middle Name: _____

Maiden Name (Where Applicable) _____ Place of Birth: _____

Current Address: _____

Street Address (Apt #)

City/Town

Province

Postal Code

Home Telephone No: () Business Telephone No: ()

List your **complete** address (es) for the past five years. Attach separate sheet if required.

City and Province (Give country if other than Canada)	Address	From		To	
		Month	Year	Month	Year

THIS SECTION TO BE COMPLETED BY THE PERSON OR ORGANIZATION REQUIRING THE CHECK

Name of Agency / Organization: Richmond Hill Ringette Association Tel. #: ()

Name of Contact at Agency / Organization: _____

Name / Title of Position being applied for: Coach Volunteer Employee

With which vulnerable sector will the applicant be working? Children Elderly Physically Disabled

Mentally Disabled Infirm Other (Please specify) _____

Is it possible that the applicant may be alone with a person in any of the following situations? (answer all)

In the applicant's home Yes No In a vulnerable person's home Yes No

In a classroom Yes No In a private interview room Yes No

In an unsupervised setting Yes No Other (please specify) _____

Will the applicant be responsible for the safety or well being of a person? Yes No

Will the applicant be in a position of trust or influence over a person? Yes No

Is it possible that the applicant may transport a person in a vehicle? Yes No

Will the applicant be engaged in any of the following activities with a person? (answer all) Counselling Yes No

Teaching Yes No Coaching Yes No Other (Please specify) _____

Will the applicant have access to, be handling, or be administering any medications? Yes No

Will the applicant be handling money? Yes No

Signature of Organization's Representative: _____ Date: _____

DECLARATIONS AND CONSENTS

I hereby declare that the foregoing information is true and complete. I understand that making a false statement on this application may disqualify me from obtaining a Vulnerable Sector Screening Check response letter, and may subject me to criminal charges or other legal liability.

I understand that a Vulnerable Sector Screening Check includes checks of, and may provide information concerning:

- Criminal record (including youth records that are disclosable pursuant to the *Youth Criminal Justice Act*);
- Pardoned sexual offences (see "Consent to Pardoned Sexual Offence Check", below);
- Findings of not guilty by reason of mental disorder;
- Probation, prohibition and other judicial orders which are in effect;
- Details of incidents that may assist an agency in making an informed decision, including investigations where either no charges were laid or there was no finding of guilt.

Consent to Pardoned Sexual Offence Check

In the event the existence of a criminal record is discovered, you may be required to be fingerprinted prior to the release of the information.

I consent to York Regional Police searching the automated criminal conviction records retrieval system maintained by the Royal Canadian Mounted Police (RCMP) to determine whether I have been convicted of a sexual offence listed in the Schedule to the *Criminal Records Act*, for which a pardon has been granted or issued. I understand that, if a check indicates a possible match between me and a person with a pardoned sexual offence, York Regional Police must verify the match to either confirm or exclude me, and will ask me to attend for fingerprinting. If I choose not to provide fingerprints, York Regional Police will not issue a Vulnerable Sector Screening Check response letter. I understand that if I do provide fingerprints and my fingerprints match those of the pardoned sexual offender, then in accordance with the *Criminal Records Act*,

- i) York Regional Police will request the Commissioner of the RCMP to provide the record to the Minister of Public Safety and Emergency Preparedness;
- ii) the Minister may disclose all or part of the information contained in the record to York Regional Police; and if so,
- iii) York Regional Police is required to disclose the information to the person or organization requiring this Vulnerable Sector Screening Check.

I understand that I have the right to refuse consent for a Vulnerable Sector Screening Check.

I consent to York Regional Police conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Screening Check.

Applicant's Signature: _____ Date : _____

The Vulnerable Sector Screening Check can take up to two weeks to process.

*To submit this form, you must attend one of the following York Regional Police locations **in person** and present two pieces of identification (one being photo identification).*

Newmarket Customer Service Unit 16775 Yonge Street, Newmarket, Ontario Entrance is located outside at the north end of the building. Hours: Monday to Friday 08:00 to 16:00 Saturday and Sunday CLOSED	Hillcrest Mall Community Resource Centre 9350 Yonge Street, Richmond Hill, Ontario Hours: Tuesday to Thursday 08:00 to 18:00 Friday 08:00 to 17:30 Saturday 08:00 to 15:00 Sunday and Monday CLOSED
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Non-Refundable Fee: Volunteer: \$20.00 Employee: \$45.00 Student: \$20.00 (must show valid student card)

Methods of payment: Certified cheque or money order payable to York Regional Police, Visa, MasterCard, debit card or cash

FOR YORK REGIONAL POLICE USE ONLY	
Date: _____	
Identification Shown	1. _____ 2. _____
Informed consent verified by: _____	Badge #: _____

Distribution: Original: Information Management