



Hamilton Police Service

POLICE INFORMATION CHECK POLICE VULNERABLE SECTOR CHECK

(FOR THE VULNERABLE SECTOR CHECK, UNIT 3 MUST ALSO BE COMPLETED)

*UNIT 1 THIS SECTION TO BE COMPLETED BY APPLICANT

MAILING ADDRESS BELOW (PLEASE PRINT CLEARLY)

DATE OF REQUEST Y Y M M D D

LAST NAME FIRST NAME
STREET (NUMBER AND NAME) APT/UNIT #
CITY PROVINCE POSTAL CODE

MIDDLE NAME DATE OF BIRTH Y Y M M D D
MAIDEN NAME OR OTHER SURNAMES USED OTHER FIRST NAMES USED
PLACE OF BIRTH GENDER

TELEPHONE (RESIDENTIAL) CELL PHONE DRIVER'S LICENCE #

Address History – please fill out if resident address differs from mailing address and/or if resided OUTSIDE of the Region in the past 5 years.

STREET NAME AND NUMBER	APT/UNIT #	CITY	PROVINCE	POSTAL CODE	# OF YEARS

REASON FOR REQUEST VOLUNTEER OTHER (IF OTHER PLEASE SPECIFY)
 EMPLOYMENT

IS "REASON FOR Request" DEALING WITH THE VULNERABLE SECTOR? YES NO *** IF YES, UNIT 3 MUST BE COMPLETED ***

SELF-DECLARATION (If Applicable)
DECLARATION OF CRIMINAL RECORD ATTACHED
 YES NO

*UNIT 2 POLICE USE ONLY - One box must be checked for each section

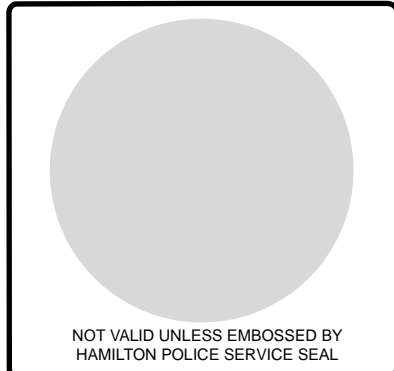
Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

1 RESULTS FOR NAME-BASED CRIMINAL RECORD VERIFICATION

NEGATIVE Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records did NOT identify any records with the name(s) and date of birth of the applicant. **Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison.**

INCOMPLETE Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records could NOT be completed. **Positive identification that a criminal record does or does not exist requires the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company.**

POSSIBLE MATCH Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records has resulted in a POSSIBLE match to a registered criminal record. **Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison. As such, the criminal record information declared by the applicant does NOT constitute a Certified Criminal Record by the RCMP.**
(See attached page for details)



2 RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS

CERTIFIES THAT OUR SEARCH DID NOT IDENTIFY ANY RECORDS ASSOCIATED WITH THE APPLICANT THAT MAY BE DISCLOSED IN ACCORDANCE WITH FEDERAL LAWS.

A SEARCH IDENTIFIED THAT THE FINGERPRINTS SUBMITTED BY THE APPLICANT WERE CERTIFIED AS IDENTICAL TO FINGERPRINTS REGISTERED UNDER CRIMINAL FPS NUMBER. SEE ATTACHED.

NOT APPLICABLE – NO FINGERPRINT SEARCH CONDUCTED.

3 RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS

NEGATIVE - NO INFORMATION WAS REVEALED THAT CAN BE DISCLOSED IN ACCORDANCE WITH FEDERAL LAWS, LOCAL AND RCMP POLICIES.

POSITIVE - SEE ATTACHED PAGE(S) FOR DETAILS.

4 RESULTS OF POLICE VULNERABLE SECTOR SCREENING ONLY

A NAME BASED SEARCH OF PARDONED SEX OFFENDER RECORDS WAS CONDUCTED WITH NEGATIVE RESULTS.

BASED ON FINGERPRINTS, A SEARCH OF PARDONED SEX OFFENDER RECORDS WAS CONDUCTED WITH NEGATIVE RESULTS.

BASED ON FINGERPRINTS, A SEARCH OF PARDONED SEX OFFENDER RECORDS WAS CONDUCTED WITH THE FOLLOWING RESULTS. SEE ATTACHED

A SEARCH OF PARDONED SEX OFFENDER RECORDS WAS NOT CONDUCTED

DATE OF SEARCH Y Y M M D D CLERK NUMBER

THE POLICE INFORMATION CHECK WILL INCLUDE THE FOLLOWING INFORMATION AS IT EXISTS ON THE DATE OF THE SEARCH:

- OUTSTANDING ENTRIES, SUCH AS CHARGES AND WARRANTS, JUDICIAL ORDERS, PEACE BONDS, PROBATION AND PROHIBITION ORDERS
- CRIMINAL CONVICTIONS (SUMMARY AND INDICTABLE) FROM CPIC AND/OR LOCAL DATABASES.
- ABSOLUTE AND CONDITIONAL DISCHARGES.
- FAMILY COURT RESTRAINING ORDERS.
- CRIMINAL CHARGES RESULTING IN DISPOSITIONS INCLUDING, BUT NOT LIMITED TO, WITHDRAWN, DISMISSED, AND CASES OF NOT CRIMINALLY RESPONSIBLE BY REASON OF MENTAL DISORDER AS LISTED ON LOCAL INDICES.
- POLICE CONTACTS INCLUDING BUT NOT LIMITED TO THEFT, WEAPONS, SEX OFFENCES, DISPUTES/DISTURBANCES, OR VIOLENT, HARMFUL AND THREATENING BEHAVIOUR.

THE POLICE VULNERABLE SECTOR CHECK WILL INCLUDE ALL OF THE ABOVE AND THE FOLLOWING INFORMATION AS IT EXISTS ON THE DATE OF THE SEARCH:

- POLICE CONTACTS INCLUDING BUT NOT LIMITED TO THEFT, WEAPONS, SEX OFFENCES, DISPUTES/DISTURBANCES, OR VIOLENT, HARMFUL OR THREATENING BEHAVIOR WHICH MAY OR MAY NOT HAVE INVOLVED A MENTAL HEALTH INCIDENT WHERE NO CHARGES WERE LAID.
- AS AUTHORIZED FOR RELEASE BY THE MINISTER OF PUBLIC SAFETY AND EMERGENCY PREPAREDNESS, CRIMINAL CODE CONVICTIONS FOR SEXUAL OFFENCES FOR WHICH A RECORD SUSPENSION (PARDON) WAS RECEIVED, IDENTIFIED AS A RESULT OF A VULNERABLE SECTOR VERIFICATION SEARCH.

1. I HEREBY RELEASE AND DISCHARGE THE HAMILTON POLICE SERVICE AND ALL MEMBERS AND EMPLOYEES OF THE SAID 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 INFORMATION BY THE POLICE SERVICE. I HEREBY AUTHORIZE THE HAMILTON POLICE SERVICE TO INQUIRE INTO AND DISCLOSE THE RESULTS OF ANY POLICE RECORDS INDICATING CRIMINAL CONVICTIONS, CONDITIONAL AND ABSOLUTE DISCHARGES, OUTSTANDING CRIMINAL CHARGES TO ME AND TO CONDUCT A LOCAL POLICE CONTACT SEARCH WITH ANY POLICE SERVICE IN CANADA.
2. 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

*** UNIT 3**

POLICE VULNERABLE SECTOR CHECK

THIS SECTION IS RESTRICTED TO APPLICANTS SEEKING EMPLOYMENT AND/OR VOLUNTEERING WITH VULNERABLE INDIVIDUALS. "VULNERABLE PERSONS" MEANS PERSONS WHO, BECAUSE OF THEIR AGE, A DISABILITY OR OTHER CIRCUMSTANCES, WHETHER TEMPORARY OR PERMANENT, (A) ARE IN A POSITION OF DEPENDENCE ON OTHERS; OR (B) ARE OTHERWISE AT A GREATER RISK THAN THE GENERAL POPULATION OF BEING HARMED BY PERSONS IN A POSITION OF AUTHORITY OR TRUST RELATIVE TO THEM.

PART 1

IDENTIFICATION OF THE APPLICANT

SURNAME	GIVEN NAME(S)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH Y Y M M D D
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PART 2

REASON FOR CONSENT (PLEASE FILL OUT THE FOLLOWING)

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 PERSONS.

DESCRIPTION OF THE PAID OR VOLUNTEER POSITION Nursing Student	NAME OF THE PERSON OR ORGANIZATION St. Clair College
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DETAILS REGARDING THE RESPONSIBILITIES TOWARDS CHILDREN OR VULNERABLE PERSON(S)

PART 3

CONSENT

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 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, 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 FORCE OR OTHER AUTHORIZED BODY. THAT POLICE FORCE 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.

SIGNATURE OF APPLICANT	DATE Y Y M M D D
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PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE POLICE SERVICES ACT, S.41 AND IS COLLECTED FOR THE PURPOSE OF PROCESSING THIS POLICE RECORD CHECK. QUESTIONS CONCERNING THIS COLLECTION SHOULD BE DIRECTED TO THE HAMILTON POLICE SERVICE, RECORDS BUSINESS CENTRE.