**YORK REGIONAL POLICE**

**VULNERABLE SECTOR CHECK**

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| **Must print legibly (names, street, city, province, postal code) as this is your mailing label.** |
| **UNIT 1. TO BE COMPLETED BY APPLICANT**  |
| Last Name       | First Name      | Middle Name      | Maiden / other names      |
| Address (# and street name)       | Apt #      | Gender |       | Place of Birth      |
| City       | Province       | Postal Code      | Date of Birth (DD/MM/YY):        |
|  **Phone Number:**       | **E-mail:**  |
| **Reason for Request** |
| I am an applicant for a 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 | Name/address of the person or organization |
|       |       |
|       |       |
| Description of the responsibilities towards children or vulnerable person(s) |
|       |
|       |
| **Address History – Complete address history for the past 5 years** |
| Street Name and Number (please state below)  | Apt/Unit # | City  | Province  | Postal Code  | # of years at address  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| Identification –MUST be Government Issued and include applicant’s name, date of birth, signature and photo of applicant. Health cards or SIN cards will **NOT** be accepted as identification |
| Type of ID produced :       | ID Number :       |
| Type of ID produced:       | ID Number:       |
| **The Vulnerable Sector Check will be based on the name(s) and date of birth provided by the Applicant. It will include a search of: the RCMP National Repository of Criminal Records; the Identification Data Bank (including pardoned sex offender records); the CPIC Investigative Data Bank and CPIC Intelligence Data Bank; and a query of local police records.** The Vulnerable Sector 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 from CPIC and/or local databases.
* Summary Convictions, for 5 years, when identified.
* Absolute and Conditional Discharges for 1 or 3 years respectively.
* Findings of Guilt under the *Youth Criminal Justice* Act within the applicable disclosure period (if the reason for the request is for a position with a government agency).
* Criminal charges resulting in a disposition of Not Criminally Responsible by Reason of Mental Disorder.
* All record suspensions as authorized for release by the Minister of Public Safety.
* In very exceptional cases, where it meets the Exceptional Disclosure Assessment, non-conviction dispositions including but not limited to Withdrawn and Dismissed.

Note: Findings of guilt under the *Youth Criminal Justice Act* are restricted.They are onlyincluded in requests for positions with government agencies. The applicant is restricted from sharing this information and cannot be required to provide it to anyone.Findings of guilt under the *Youth Criminal Justice Act* will only be disclosed directly to government agencies.Vulnerable Sector Checks are completed in accordance with the *Police Record Check Reform Act, 2015*. |
| **See page 2 for consent and release requiring applicant’s name and signature**  |

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| ***CONSENT AND RELEASE***  |
| 1.     I hereby authorize York Regional Police 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 York Regional Police Records Management Systems (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 Repository of Criminal Records), the Investigative Data Bank and the Public Safety Portal (PSP).2.    I hereby release and discharge the York Regional Police Service Board and all members and employees of York Regional Police 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 York Regional Police.  I hereby authorize York Regional Police 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 Canada3.     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.4.    **For Vulnerable Sector Check applicants that are 18 years of age or older:**  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 records suspension (pardon) for, any 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 record suspension 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 Minister of Public Safety, 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 for that information to the person or organization referred to the above that requested the verification, that information will be disclosed to that person or organization5.    I understand that the prescribed fee is non-refundable. |
| **Signature of Applicant:**  |  |  | **Date:**  |  |
|  |  |  |  |  |  |  |
| **UNIT 2. POLICE USE ONLY** |
| Application and ID verified by – Badge# | ID Verified and Completed by – Badge # |
| Date of Search: | Police Record Check Unit Representative: |