



POLICE INFORMATION CHECK



Applicants must sign the waiver on the reverse side.
Identification is required from ALL applicants.

Last Name/Family Name		First Birthname in Full		Middle Name in Full
Date of Birth Year Month Day		Sex	CLEAR (POLICE USE) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Maiden Name or Any Other Last Names EVER Used		Aliases	Place of Birth	
Street Address	City or Town	Postal Code	Province	
Driver's Licence Number/Issuing Province		Home Phone (Inc. Area Code)	Work Phone (Inc. Area Code)	
Previous Addresses (if any) within the last 5 years (City/Province Only)				

Verification of Applicant's Identification INITIALS (POLICE USE) _____
 Check Appropriate Identification: Driver's Licence Birth Certificate Alberta Health Care Passport Other: _____

Agency Requesting Security Clearance	Department or Program	Phone Number	Fax Number
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Contact Name within Agency	Phone Number	Fax Number
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Description of the Work or Position Being Applied For

This Area Related to Positions Working with *Children or **Vulnerable Persons - Read and Complete if Applicable

This area is to be used by a person 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 is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and has 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 a position of authority or trust relative to them.

Details of the Children or Vulnerable Persons (age, disability, or circumstances of dependency)

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 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, 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 Consenting to Vulnerable Sector Search _____ Date	FOR POLICE USE ONLY Vulnerable Sector included <input type="checkbox"/> YES <input type="checkbox"/> NO Official's Signature _____
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Complete and sign the Waiver on the reverse side.

**POLICE INFORMATION CHECK
WAIVER**

I, _____, hereby give consent to the Camrose Police Service to conduct a search for:

1. criminal records and/or convictions of any kind which relate to me;
2. absolute and/or conditional discharges of any kind which relate to me;
3. alternative measures and/or adult diversion involvement of any kind which relate to me;
4. warrants of any kind which relate to me;
5. police files, from any law enforcement agency, Canadian or otherwise, which relate to me; and
6. pardons of any kind pursuant to the *Criminal Records Act*, which relate to me.

I further agree that I remise, release and forever discharge the Camrose Police Service, the Chief of Police of the Camrose Police Service, the Camrose Police Commission, and their administrators, successors, assigns, agents, officers, servants and employees and the party requiring the security clearance, and their administrators, successors, assigns, agents, officers, servants and employees from any and all manner of actions, suits, debts, dues, general damages, special damages, pecuniary damages, costs, interest, claims and demands of every nature and kind at law or in equity under any statute, including but not limited to direct or consequential loss, occasioned by me or my legal representatives, heirs, assigns or agents, arising or in any way related to the security clearance process described above.

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

Signature of Police Witness

Date

The personal information on this form will be collected and shared for the purposes outlined in Section 37 to 41 of the *Freedom of Information and Protection of Privacy Act (FOIP) Act* and for other legal requirements where they are consistent with the *FOIP Act*.

INSTRUCTIONS FOR COMPLETION OF POLICE INFORMATION CHECK

- Complete both sides **accurately** and **legibly**, including **signing the Waiver**
- A letter from the Requesting Agency must accompany this form verifying that the use of this Police Information Check is for volunteer purposes.
- Two pieces of the applicants identification **MUST** be produced for verification at the time of submission. Identification should include Drivers' Licence, Birth Certificate, Alberta Health Care, or Passport.