



# POLICE INFORMATION CHECK

## Consent to Search and Disclosure of Personal Information

Application Form must be completed in FULL before your request will be completed. Please print clearly in blue ink completing ALL fields. If the field is not applicable to you please use N/A.

<b>Date Received</b> (YYYY-MM-DD)	
Priority Processing	
Transaction Amount	
<input type="checkbox"/> Debit	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Cheque #	
<input type="checkbox"/> Invoice	
<input type="checkbox"/> VOAN	
<input type="checkbox"/> Transaction #	

### Part 1 - Reason for the Police Information Check

Employment                      Volunteer                      Licensing                      Adoption / Foster Care / Kinship Care / Day Home  
 Paid Practicum                      Unpaid Practicum                      Refugee Sponsor                      Other (specify) \_\_\_\_\_

Agency Requesting Police Information Check \_\_\_\_\_

Position Title and Description \_\_\_\_\_

Will you be responsible for: \_\_\_\_\_ Children/Youth      Elderly      Disabled      Dependent Individual      Patients  
(If any fields are selected, complete Part 4 on page 2)

Have you ever been fingerprinted for a **CRIMINAL OFFENCE IN CANADA** for which you have not received a Record Suspension?                      Yes                      No

### Part 2 – Personal Information

Surname/Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Place of Birth \_\_\_\_\_  
YYYY - MM - DD                      (City / Province/State / Country)

All other Maiden / Surnames / Family / Assumed Names Used \_\_\_\_\_

All Given Names/ Alias Used \_\_\_\_\_

Spouses/ Common Law Partners Full Name \_\_\_\_\_

Do you live within the City of Lethbridge?      Yes      No      How long have you lived within the City of Lethbridge? \_\_\_\_\_

Current Street Address / Apt Number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Part 3 – Third Party Consent (Only Applicable for VOAN and Invoiced Applications)

In the event NO information about me is found, I freely give my consent to the Lethbridge Police Service to release the search results to the agency named in Part 1 of this application. Should information be found, the agency will NOT receive the search results. The information will ONLY be provided to the applicant.

Signature \_\_\_\_\_ Date YYYY – MM - DD \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date YYYY – MM - DD \_\_\_\_\_  
(Required if applicant is under 18 years of age)

**TWO ORIGINAL PIECES OF GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH, ARE REQUIRED. ONE MUST CONTAIN A PICTURE.**

#### AGENCY USE ONLY

Verified by: _____	Employee Number: _____	Date YYYY - MM - DD _____
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I consent to the Lethbridge Police Service (the "Police Service") conducting the following searches about me:

- A. Criminal convictions, conditional and absolute discharges and other related information about me contained in Canada's National Repository of Criminal Records.
- B. Criminal and provincial statute dispositions and any pending criminal or provincial statute charges before the Alberta courts as identified in the Justice Online Information Network.
- C. Current court orders, warrants, prohibition orders, probation orders, peace bonds, recognizance orders in Alberta and current outstanding out of province warrants identified in the Canadian Police Information Centre.
- D. Information obtained from local police records, which may include a query of the Police Information Portal, in which I was the subject of a police investigation where a risk to public safety exists. A decision to disclose information described here in Section D will be made by the Lethbridge Police Service upon consideration of several factors, including the nature of the responsibilities of the position applied for, the individuals with whom I will be interacting, the frequency and recency of the occurrences, any demonstrated patterns of behaviour and the reliability of the information contained in the records.

**Signature**

**Date** YYYY - MM - DD

**Parent / Guardian Signature**

(Required if applicant is under 18 years of age)

**Date** YYYY - MM - DD

E. **Vulnerable Sector Check:** completed when required by the requesting agency because you will be responsible for the well-being of children, the elderly, people with disabilities or other vulnerable populations. It is the Lethbridge Police Service that determines or verifies that the position you are applying for meets the requirements for a Vulnerable Sector Check.

A Vulnerable Sector Check is required when you will be in a position of trust or authority over vulnerable persons including children, the elderly and people with disabilities. A Vulnerable Sector Check involves a search of the automated criminal records (pardoned sex offender) retrieval system maintained by the RCMP to identify the existence of sex offences for which a record suspension or pardon exists. A Vulnerable Sector Check also includes a search of local police records to determine if any patterns of behaviour exist that may result in harm to a vulnerable person.

Initial

I 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 have been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

Initial

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction 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 shall 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.

Initial

I understand that the Lethbridge Police Service will not disclose this information to the Requesting Agency without further consent from me.

Initial

If you are obtaining a Vulnerable Sector Check, list all cities and provinces of residence, other than your current city of residence, for the past 5 years:

Location:

Location:

Location:

Please provide a brief description of the position you are applying for and identify the vulnerable population you will be in a position of trust or authority over (i.e. are they children, persons with disabilities or from some other vulnerable population).

\_\_\_\_\_ I acknowledge that I understand when a Vulnerable Sector Check is required and, if required, I consent to the Vulnerable Sector Check.  
Initial

\_\_\_\_\_ A police record consists of information created or gathered by police. It may include information such as criminal charges and convictions, non-conviction information such as acquittals, findings of not criminally responsible by reason of mental disorder, stays of proceedings, participation in alternative measures and other diversionary programs, investigations, and occurrences that did not result in charges being laid. A police record may also include non-criminal contact with police. Even if you have never been charged or convicted of an offence a police record may exist as a result of an interaction with the police, including interactions due to mental health issues or as a result of an investigation conducted by police, whether you knew about the investigation or not. Information created or gathered by police is retained in accordance with the Lethbridge Police Service's records retention schedule. If you require further information about the Lethbridge Police Service's retention schedule, please contact the Lethbridge Police Service responsible for completing your Police Information Check.  
Initial

\_\_\_\_\_ I give my consent to the Lethbridge Police Service to use any and all information about me that it has found after completing the above identified searches, including information obtained from local police records, to complete a Police Information Check and I give my consent to the Lethbridge Police Service to disclose the results of the searches to me in a Police Information Check. I understand that it is my decision whether I provide the results of the searches to any other person or organization. I understand that further information about the Police Information Check process is available in the Alberta Police Information Check Disclosure Procedures which are available on the Lethbridge Police Service's website.  
Initial

\_\_\_\_\_ I remise, release and forever discharge the Lethbridge Police Service, the Chief of Police of the Lethbridge Police Service, the Lethbridge Police Service's Police Commission, and all of their administrators, successors, assigns, agents, officers, servants and employees from any and all demands or claims of every nature and kind at law or in equity including, without limitation, all manner of actions, suits, debts, dues, general damages, special damages, pecuniary damages, costs or interest, incurred by me or my legal representatives, heirs, assigns or agents and arising from or in any way related to my participation in the Police Information Check process and the obtaining of a Police Information Check.  
Initial

\_\_\_\_\_ The information collected on this form and the information collected, used and disclosed as part of this Police Information Check process will be collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* or as otherwise provided by law.  
Initial

**By signing this form I confirm that I have fully informed myself and understand the content, meaning and effect of this consent and release of liability and I declare that the information provided by me is accurate and may be verified by the Lethbridge Police Service through police information databases if required.**

**Signature**  
(Applicant Consenting to Vulnerable Sector Search)

**Date** YYYY - MM - DD

**Parent / Guardian Signature**  
(Required if applicant is under 18 years of age)

**Date** YYYY - MM - DD