



CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

PART 1 VOLUNTEER: AD Rundle Middle School

PLEASE PRINT

Form with fields for Surname, Given name (1), Given name (2), Sex, Tel. no., Address, City, Province, Postal code, Date of birth, Place of birth, Driver's licence no., Usual first name or alias, Maiden name/Any other Surname, Previous address, etc.

PART 2

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Form with fields for Full name (Maureen Carradice), Title (Human Resources), Name of organization (Chilliwack School District #33), Address (8430 Cessna Drive), City (Chilliwack), Province (BC), Postal code (V2P 7K4)

PART 3

WAIVER AND RELEASE: I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4

This consent is valid for a period of three months from the date of signature. Signed this \_\_\_ day of \_\_\_ Signature of applicant \_\_\_

PART 5

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. \*\*A record may or may not exist for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check.

INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
1200 Vanier Parkway
OTTAWA, ONTARIO K1A 0R2

YOUNG OFFENDER INFORMATION - The Youth Criminal Justice Act/Young Offenders Act make it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information MUST be given to the requester.

INSTRUCTION TO REQUESTERS: The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

Table with 4 columns: No., Initials, Category of Information for Disclosure, FOR POLICE USE ONLY. Contains categories 1-4 regarding criminal convictions and police information.

COMPLETED BY

Form with fields for Member (signature), Reg. no., Unit, Date

RCMP GRC 3584e (2006-03) DO NOT RETURN THIS FORM TO THE SCHOOL. PLEASE TAKE THIS FORM TO THE RCMP DETACHEMENT ON AIRPORT ROAD. THANK YOU.



## CRIMINAL RECORDS - CONSENT FOR CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form 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.

Identification of the Applicant			
Surname		Given Name(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mm-dd)	Place of Birth (city and province)	
Home Address		City	Province
Postal Code			

Previous addresses, if any, within the last 5 years

Reason for the Consent
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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	Name of the person or organization
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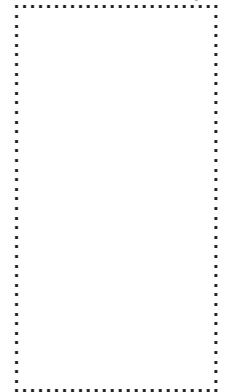
Details regarding the children or vulnerable person(s)

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

**Fingerprint: For card scan submissions only.**

I understand that, 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 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 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.



Contributing Agency	
Signature of Applicant	Date (yyyy-mm-dd)

Finger: \_\_\_\_\_