



MIRAMICHI POLICE FORCE
"With Honour We Serve"

**POLICE RECORDS CHECK FOR SERVICE
WITH THE VULNERABLE SECTOR**

PRINT CLEARLY, THIS WILL BE USED TO MAIL YOUR FORM BACK TO YOU

_____ < Name (first / middle / surname)

_____ < Address (Street, City, Province)

_____ < Postal Code _____ < How long at this address

REASON FOR THE CONSENT: 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.

This is a volunteer position * This is not a volunteer position Sex: _____

Option to self-declare criminal convictions for name-based CR Checks which police services can verify on CPIC

I WOULD LIKE TO REQUEST A DETAILED DESCRIPTION OF MY CRIMINAL CONVICTIONS

Name of Agency and Position Applying for: _____

Provide details regarding contact with children or vulnerable persons: _____

Maiden Name:	Other Names Used:
Place of Birth:	Date of Birth (yyyy/mm/dd):
Home Telephone:	Business Telephone:

Previous Address(s) in the Past Five Years: _____

CONSENT:

1. 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 charged and/or convicted of, and have been granted a pardon for, any of the sexual offences that are listed in the schedule of 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 service or other authorized body. That police service 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.
2. I hereby release and discharge the Miramichi Police Force and all their agents from any and all claims, actions and demands for damages, loss or injury of any nature arising from disclosure of information. I hereby authorize the Miramichi Police Force to inquire into and conduct local police information searches Canada wide and disclose to myself details of police investigated incidents that the Miramichi Police force believes may assist an agency in making an informed decision concerning my application. Furthermore, I understand that upon the disclosure of information, the Miramichi Police Force and all their agents waive any responsibility for its use and or subsequent dissemination by myself.
3. 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.

SIGNATURE OF APPLICANT: _____ Signed this date: _____

VOID without Miramichi Police seal



THIS SECTION FOR POLICE USE ONLY

This is to confirm that no criminal convictions or outstanding charges have been found in the Canadian National Repository of Criminal Records as a result of a search based on the above name and date of birth. The search has not been confirmed by fingerprints. Date Completed (By Police): _____ (yyyy/mm/dd)

This is to notify that there may be criminal convictions associated to the above name and date of birth, the existence of which can only be confirmed by the RCMP based on fingerprints. Signed: _____

This is to notify that there may be outstanding charges associated to the above name and date of birth. Police Authorizing Signature _____



MIRAMICHI POLICE FORCE
"With Honour We Serve"

**POLICE RECORDS CHECK FOR SERVICE
WITH THE VULNERABLE SECTOR**

PRINT CLEARLY, THIS WILL BE USED TO MAIL YOUR FORM BACK TO YOU

_____ < Name (first / middle / surname)

_____ < Address (Street, City, Province)

_____ < Postal Code _____ < How long at this address

REASON FOR THE CONSENT: 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.

This is a volunteer position * This is not a volunteer position Sex: _____

Option to self-declare criminal convictions for name-based CR Checks which police services can verify on CPIC

I WOULD LIKE TO REQUEST A DETAILED DESCRIPTION OF MY CRIMINAL CONVICTIONS

Name of Agency and Position Applying for: _____

Provide details regarding contact with children or vulnerable persons: _____

Maiden Name:	Other Names Used:
Place of Birth:	Date of Birth (yyyy/mm/dd):
Home Telephone:	Business Telephone:

Previous Address(s) in the Past Five Years: _____

CONSENT:

1. 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 charged and/or convicted of, and have been granted a pardon for, any of the sexual offences that are listed in the schedule of 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 service or other authorized body. That police service 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.
2. I hereby release and discharge the Miramichi Police Force and all their agents from any and all claims, actions and demands for damages, loss or injury of any nature arising from disclosure of information. I hereby authorize the Miramichi Police Force to inquire into and conduct local police information searches Canada wide and disclose to myself details of police investigated incidents that the Miramichi Police force believes may assist an agency in making an informed decision concerning my application. Furthermore, I understand that upon the disclosure of information, the Miramichi Police Force and all their agents waive any responsibility for its use and or subsequent dissemination by myself.
3. 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.

SIGNATURE OF APPLICANT: _____ Signed this date: _____

VOID without Miramichi Police seal



THIS SECTION FOR POLICE USE ONLY

This is to confirm that no criminal convictions or outstanding charges have been found in the Canadian National Repository of Criminal Records as a result of a search based on the above name and date of birth. The search has not been confirmed by fingerprints. Date Completed (By Police): _____ (yyyy/mm/dd)

This is to notify that there may be criminal convictions associated to the above name and date of birth, the existence of which can only be confirmed by the RCMP based on fingerprints. Signed: _____

This is to notify that there may be outstanding charges associated to the above name and date of birth. Police Authorizing Signature _____

SCREENING INSTRUCTIONS: POLICE RECORDS CHECK – VULNERABLE SECTOR

The search includes national and local police databases with cooperating police services. The possible existence of criminal convictions and outstanding charges, as well as incidents of all police contacts for the previous five years will be considered for release.

This search is intended for individuals seeking employment and/or a volunteer position with children or vulnerable person(s).

INFORMATION FOR RELEASE

The following information contained in local police databases may be considered for release when it is deemed appropriate:

- Suspect information, where the release of such will not hinder any ongoing investigation
- Reports resulting from particular incidents relating to the Mental Health Act
- Any notable police contact

This search does not cover the following areas: summary convictions, discharges and pardons (with the exception of sexual offences listed in the schedule to the Criminal Records Act). The information contained on this certificate is accurate on the date issued.

For more information, please contact the Miramichi Police Force: 506-623-2124

PROCEDURE

1. The *Police Records Form* **must not be altered**.
2. The applicant **must** produce two pieces of **valid/current** identification that confirm his/her **name, date of birth and address**. One piece of identification presented must also include a **photo**. Please see the following list for acceptable forms of identification

Photo Identification providing photo, full name and date of birth:

- Driver's Licence
- Government Employment Card
- Service NB ID Card
- Military Employment Card
- Age of Majority Card
- Canadian Citizenship Card (current)
- Indian Status Card
- International Student Card
- Passport
- Permanent Resident Card
- Possession and Acquisition Licence (PAL)
- Canadian national Institute for Blind (CNIB)

Non-Photo Identification providing full name and date of birth:

- Birth Certificate
- Baptismal Certificate
- Hunting Licence
- Fishing Licence
- Outdoors Card
- Hospital Card
- Immigration Papers
- Medicare Card

3. Police Records Checks are processed in approximately 3 – 6 weeks.