

POLICE INFORMATION CHECK or POLICE VULNERABLE SECTOR CHECK (Unit 3 must be completed)

τ	UNIT 1. TO BE COMPLETED BY APPLICANT Date of Request									
				province, postal code	e)					
N	lust P	rint Legibly (<i>in blue</i>	e or black ink) <u>∪</u>	Inder Each Heading- this	h Heading– this is your mailing label			year month day		
L	ast Nam	e	First Name	2		Mid	ldle Name			
N. A. Maria							6 1			
Number and Street Name				Apt/Unit #		Mai	Maiden Name or other Surnames		Other First Names	
	City Province			Postal Codo		Date of Birth		Place of Birth	Place of Rivth C	
	City Province			Postal Code		/		Trace of Birth	cth Gender	
A	ddrass	History place fill au	t all provious addra	sees for the past 5 years		уу	mm dd			
	Address History – please fill out all previous address Street name and # (please state below)			Apt/Unit		#	City	Province	Postal Code	# of yrs
-										
		for Request (state dunteer, employment, other		Self-Declaration (if ap	plicable))	Do you have	e criminal conv	ictions? Yes	or No
St	udent r	nurse		☐ Declaration of Crin						
Is '	'Reasor	n for Request" dealing	with the Vulnerable	e Sector Yes X No	***	If ye	es, UNIT 3 mi	ust be complete	ed ***	
UNIT 2. POLICE USE ONLY - One Box Must be Checked for Each Section										
.]	RESU	LTS FOR NAME		IINAL RECORD VER						
		Based solely on the name(s) and date of birth provided and the criminal record information declared by the a search of the RCMP National Repository of Criminal Records did NOT identify any records with the name(s)								
		NEGATIVE	birth of the applic	cant. Positive identification t	hat a crimi	inal r	ecord does or do	oes not exist at the	RCMP National	Repository
				rds can only be confirmed by , and the details being access			_	-		_
				ne RCMP National Repositor ne name(s) and date of birth				rd information dec	lared by the anr	olicant, a
		N 1001 D 1 D	search of the RCM	MP National Repository of C	riminal Re	ecord	s could NOT be	completed. Positiv	e identification	that a
		INCOMPLETE		oes or does not exist require minal Records by an author						
				onviction being rendered in c						sitory of
			Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records. Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a							
		POSSIBLE record. Positive id		MP National Repository of Criminal Records has resulted in a POSSIBLE match to a registered criminal dentification that a criminal record does or does not exist at the RCMP National Repository of Criminal						
	ш	MATCH	Records can only	be confirmed by FINGERP	RINT com	pariso	on. As such, the	criminal record in	formation decla	red by the
		(See attached page	* *	OT constitute a Certified Cri ,, and the details being access			•	•		8
2 1	For details) are reported to the RCMP National Repository of Criminal Records. 2. RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS									
2. 1					ILIMAII	ONA	L KLI OSII C	OKT OF CKIMI	NAL RECORD	D B
		NO RECORDS IDENTIFIED - See Attached								
		RECORDS IDENTIFIED – See Attached								
		NOT APPLICABLE								
3.]	. RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS									
	□ NEGATIVE – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies									
POSITIVE – See attached page(s) for details.										
4.]	RESUI	LTS OF POLICE V	ULNERABLE SI	ECTOR SCREENING O	NLY					
		A search of pardone	d sex offenders was	conducted. No information	to release.					
	П	A search of pardone	d sex offenders was	conducted. Information aut	horized for	r rele	ase.			
		•								
D	□ A search of pardoned sex offenders was not conducted. Date of Search Clerk # Signature of Chief of Police or Designate									
Da	ite of S	earcn Clerk	X #	signature of Chief of Pol	ice or Des	signa	_	WAT IN TIME EQ	S EMDAGGED	XX/ITII
							POLICE	VALID UNLES	5 ENIBUSSED	WIIH

Page 2 of 2 – January 20		roummont Issued and	inaluda annlisassitis sa	data of binth		and photo of annillar at				
Type of I.D. produced	e form MUS1 be Gov	ernment Issued and	ID number	clude applicant's name, date of birth, signature and photo of applicant						
Type of I.D. produced		ID number								
- ,,,			15 number							
Contact Informati	ion									
Res. Phone		Bus. Phone		Cell Phone						
Outstanding entri Criminal convicti Absolute and con Family court restr Criminal charges Disorder as listed Police contacts in The Police Vulnerable Sect Police contacts in mental health inc. All pardoned crin the Minister of Pu 1. I hereby release and disch damages, loss or injury hows authorize the St. Thomas Pol outstanding criminal charges I hereby authorize any oth I certify that the informati I lave read this consent, u	es, such as charges and wons (summary and indicta ditional discharges. raining orders. resulting in dispositions is on local indices. cluding but not limited to for Check will include all including but not limited to ident where no charges whinal convictions, including blic Safety and Emergentarge the St. Thomas Policious arising which may like Service to inquire into the me and to conduct a least Police agency to discluding provided by me in this inderstand it and agree to asse Print)	arrants, judicial orders, lable) from CPIC and/or lable in the la	Ito, Withdrawn, Dismissed, a ences, or violent, harmful and following information as it extences, or violent, harmful or attified as a result of a Vulnera ers and employees of the said of my myself as a result of the disc of any police records indication with any Police Service in C Thomas Police Service any recorrect to the best of my known	chibition orders and cases of Not Crimi threatening behaviour ists on the date of the threatening behavior ble Sector Verification Service from any and closure of information and criminal conviction anada. esults of any search of	me search: which ma in search a lall action by the Pons, condit	eay or may not have involved and authorized for release by ans, claims and demands for olice Service. I hereby tional and absolute discharge				
Applicant's Signature _			(Parent/Guardia	n signature required if	 funder 16	5 vrs of age)				
Request and Fee received b	y - Name	Initials	Method of Payment	Receipt Number		Fee:				
U	INIT 3. POLIC	CE VULNERAB	LE SECTOR CHEC	K - MUST BE	18 YEA	RS OF AGE				
"Vulnerable persons" n (a) are in a position o	neans persons who, f dependence on oth perso	because of their ago ners; or (b) are other ons in a position of a	oloyment and/or volu e, a disability or other cin wise at a greater risk tha authority or trust relative	cumstances, whe	ther ten	mporary or permanent,				
Part 1: Identification	i of the Applicant	Given Name	Sex		Data	f Dirth (year mm dd)				
Surname		Given Name	☐ Male ☐ Fem	ale	Date of	f Birth (year-mm-dd)				
Part 2: Reason for Con										
1.1	1	1	th a person or organ	zation respons	sible fo	or the well-being of				
one or more childre										
Description of the paid Student nurse in a hospital	=	Name of the perso University of Windso	Name of the person or organization University of Windsor - Faculty of Nursing							

Details regarding the responsibilities towards children or vulnerable person(s) Students work with clients from vulnerable population groups such as children, seniors, multi-cultural and physically and psychologically challenged individuals.

Part 3: Consent

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 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, 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 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.

omas Police Service	
	Date (year-month-day)
•	mas ronce service

Personal information contained on this form is collected pursuant to the Police Services Act, s.41 and is collected for the purpose of processing this police record check. Questions concerning this collection should be directed to: Administrator, St. Thomas Police Service, 30 St. Catharine Street, St. Thomas, Ontario Canada N5P 2V8 Telephone: 519-631-1224