



Peterborough Victoria
Northumberland and Clarington
Catholic District School Board

Form 1 - CONSENT FOR A CRIMINAL RECORD 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 person, 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:

Full Name: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____
(DAY/MONTH/YEAR)

Address: _____

Previous Addresses (if any) Within the Last 5 Years: _____

Reason for the Consent:

I am an applicant for a volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the volunteer position: _____

The name of the person or organization is: _____

Provide details regarding the children or vulnerable persons: _____

Consent:

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 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: _____ Date: _____

Information Collection Authorization: *Personal information on this form is collected under the authority of the Education Act and will be used for administrative purposes as determined in the Administrative Procedure for Volunteer Programs in the Peterborough Victoria Northumberland and Clarington Catholic District schools, and will be retained only for the current school year. Questions about this collection of personal information should be directed to the school Principal or the Manager of Communications and Freedom of Information/Protection of Privacy, Peterborough Victoria Northumberland and Clarington Catholic District School Board, 1355 Lansdowne Street West, Peterborough, Ontario, K9J 7M3. Phone: (705) 748-4861, Ext. 245 or (800) 461-8009 Fax: (705) 748-9691*

COPIES TO: 1. PRINCIPAL 2. VOLUNTEER