



Consent for Criminal Record and Vulnerable Sector Check (For a Sexual Offence for Which a Pardon has been Granted or Issued)

Note: *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.*

Reasons 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.

Description of the paid or volunteer position: _____

The name of the person or organization is: Avalon Minor Hockey Association

Provide details regarding the children or vulnerable persons: Minor aged hockey players

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 of Birth (Y/M/D)

Date

Name (please print)

Maiden Name (please print)



APPLICATION FOR

CRIMINAL RECORDS SCREENING CERTIFICATE

Please complete this form and submit with a **\$20.00 fee** (non-refundable) to the **RNC Cash Office**, at 1 Fort Townsend off Parade Street. **Interac** is available for your convenience.

Cash Office is open from 9:00 - 4:30 weekdays. Summer hours are 9:00 – 4:00 weekdays.

Processing will take a minimum of ONE WEEK, excluding weekends and holidays.

An Applicant must provide: two (2) valid pieces of identification, one of which must be government-issued and include the Applicant's name, date of birth, signature and photo.

SECTION 1

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
- (b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
- (c) With the exception of **SECTION 2** of this application, I understand that any certificate that may be issued in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person or body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.
- (d) The disclosure of any information resulting from this search is my responsibility.

Last Name: _____ Maiden Name: _____

Name (Proper birth names required) _____
First Second Third

Home Phone# _____ Work Phone # _____

Date of Birth: _____ City/Town and Province of Birth: _____
Year Month Day

Current Street Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Gender: _____ Height: _____ Weight: _____ Eye Colour: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

If you answer "yes" to any of the following question, please attach details.

1. Have you been convicted of any offence in Canada or the United States?

YES ☐ NO ☐ If yes, Details: _____

2. Have you ever changed your name?

YES ☐ NO ☐ Previous Name: _____
First Second Last

3. Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance?

YES ☐ NO ☐ If yes, Details: _____

Searches will only be completed for the following purposes:

Please check the purpose(s) that apply to your request:

- ☐ Required by statute or regulation: Statute: _____
Regulation: _____
- ☐ Required for foreign work or travel
- ☒ Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & volunteers. **(complete Section 2 below)**
- ☐ Required for adoption **(complete Section 2 below)**
- ☐ Required for licence: Licence Type: _____
- ☐ Required for education institution: Education Institution: _____
- ☐ Required for employment
- ☐ Required for Pardon
- ☐ Other _____

If you are a young person (under 18 years), you agree that you are making this application for disclosure of any record you may have pursuant to the **YOUTH CRIMINAL JUSTICE ACT**. Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.

SECTION 2

This Section is to be only completed by those applying to work or volunteer with agencies or groups dealing with children or young persons (under 18 years), elderly, physically or mentally challenged persons.

Name of Agency or Group: Avalon Minor Hockey Association

Address: 211A LeMarchant Rd City/Town: St. John's Postal Code: A1C 5X3

Contact Person: Steve Power Telephone: 709-693-6545

Position volunteering for: _____

In making this application for a Criminal Record Screening Certificate, I agree to allow the Royal Newfoundland Constabulary to:

- (a) extend the search to include current investigations and present and or pending charges;
- (b) notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; **and**
- (c) notify the agency or group representative of any present or pending charges against me.

Signature of Applicant: _____ Date: _____
(Sign only if completing Section 2)

****Please attach authorization letter for volunteer applications.****

Office Use Only

CPIC Check: _____ Court Check: _____ PIRS Check: _____ Other Check: _____

ICAN Check: _____ Certificate Number: _____ Receipt Number: _____

Signature Records Staff: _____ Date: _____