

Ontario Provincial Police  
Organization Letter  
Request for Vulnerable Sector Screening

This letter must come from the Organization to formally request a check of the Pardoned Sexual Offender Database and accompany each completed LE220E or LE220F consent form. This must be on file for each request for a VS check and available for audit purposes.

**TO BE FILLED OUT BY THE ORGANIZATION:**

Reason for Request: Employment  Volunteer

Name of Organization: Kemptville + District Minor Hockey Assoc.

Name of Contact at Organization Bert Milson

Telephone # h-258-3399 c-853-4957

→ Name of Applicant \_\_\_\_\_

→ Position Being Applied For \_\_\_\_\_

**Which Vulnerable Sector Will the Applicant Be Working:**

- Children Under the age of 18
- Elderly in a position of dependance or at greater risk of being harmed by persons in a position of authority or trust
- Disabled in a position of dependance or at greater risk of being harmed by persons in a position of authority or trust
- Other circumstances List person(s) in a position of dependance or at greater risk of being harmed by persons in a position of authority or trust

Contact with the Ontario Provincial Police under the Mental Health Act The Ontario Provincial Police's data banks include information on a person's contact with the Ontario Provincial Police, if any, under the Mental Health Act. This information is not disclosed by the Ontario Provincial Police as part of a reference check unless the Organization requesting the reference check from an individual certifies that the information, if available, is required by the Organization for it to complete its evaluation of the suitability of an applicant. Therefore, the following section must be completed by a person with authority at the Organization to indicate whether the Organization requires information on Mental Health Act apprehensions, if any.

I, Bert Milson  
(Print Name above of representative authorized to bind Organization),

CERTIFY THAT Kemptville + District Minor Hockey Association (Print Organization name):

requires the OPP to include information about the applicant's contact with the OPP under the Mental Health Act, if any, in the reference check result provided to the applicant. I certify that the disclosure of information is required by the Organization because it is related to a bona fide occupational or volunteer requirement and is required for the Organization to assess the applicant's suitability for the position. The Organization has explained to the applicant how the responsibilities of the position relate to the request for Mental Health Act apprehension information, and has extended a conditional offer for the position to the applicant.

OR

does NOT require that the OPP include information, if any is available, about the applicant's contact with the OPP under the Mental Health Act in the reference check results to be provided to the applicant.

AND (applicable if Organization is sending in the documents to an OPP Detachment)

I have viewed two valid pieces of government issued identification (photocopies attached) in the name of the applicant, one of which is valid photo ID, other than a health card or SIN card (example, driver's licence or passport) to confirm the identity of the applicant (not applicable if applicant attends an OPP Detachment to initiate this check as OPP detachment will verify identity)

SIGNATURE OF REPRESENTATIVE OF ORGANIZATION REQUESTING CHECK:

DATE: June 22 '10 SIGNATURE: [Signature]

TO BE FILLED OUT BY THE APPLICANT:

Name of Applicant: \_\_\_\_\_

I hereby declare that the information submitted on this form is true and complete. I understand that making a false statement on this application may disqualify me from obtaining a Vulnerable Sector Screening Check response letter, and may subject me to criminal charges or other legal liability.

I HEREBY AUTHORIZE, AND CONSENT TO, THE FULL DISCLOSURE OF THE FOLLOWING INFORMATION AND RECORDS BY THE ONTARIO PROVINCIAL POLICE, AND BY ANY OTHER POLICE AGENCY IN CANADA TO WHICH A COPY OF THIS FORM IS PROVIDED:

- > Criminal record (including youth records that are disclosable pursuant to the *Youth Criminal Justice Act*);
- > Pardoned sexual offences (see "Consent to Pardoned Sexual Offence Check", below);
- > Findings of not guilty by reason of mental disorder;
- > Probation, prohibition and other judicial orders which are in effect;
- > Details of incidents that may assist an Agency in making an informed decision, including investigations where either no charges were laid or there was no finding of guilt.
- > Contacts with the police under the Mental Health Act (if requested by Organization)

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED. *Not applicable for persons under age of 18.*

I consent to the Ontario Provincial Police searching the automated criminal conviction records retrieval system maintained by the Royal Canadian Mounted Police (RCMP) to determine whether I have been convicted of a sexual offence listed in the Schedule to the *Criminal Records Act*, for which a pardon has been granted or issued. I understand that, if a check indicates a possible match between me and a person with a criminal conviction or pardoned sexual offence of a similar name and date of birth, the Ontario Provincial Police must verify the match to either confirm or exclude me, and will ask me to attend for fingerprinting. If I choose not to provide fingerprints, the Ontario Provincial Police will not issue a Vulnerable Sector Screening Check response letter and will notify the Organization that I have withdrawn from the process. I understand that if I do provide fingerprints and my fingerprints match those of the pardoned sexual offender, then in accordance with the *Criminal Records Act*,

- i) The Ontario Provincial Police will request the Commissioner of the RCMP to provide the record to the Minister of Public Safety;
- ii) the Minister may disclose all or part of the information contained in the record to the Ontario Provincial Police; and if so,
- iii) the Ontario Provincial Police is required to disclose the information to the person or organization requiring this Vulnerable Sector Screening Check.

I understand that I have the right to refuse consent for a Vulnerable Sector Screening Check. I consent to the Ontario Provincial Police conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Screening Check.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_