

REQUEST FOR VULNERABLE SECTOR CHECK

THIS FORM MUST:

- originate from the organization requesting a check of the Pardoned Sexual Offender Database;
- accompany each completed Request to Consent of Personal Information LE220E or LE220F; and
- be kept on file (originals by the OPP) for each request for a Vulnerable Sector check and be available for audit purposes for at least two years plus current.

TO BE COMPLETED BY REQUESTING ORGANIZATION:

Reason for Request Employment Volunteer

Requesting Organization Kemptville + District Minor Hockey Assoc. (KDMHA)

Contact Name at Organization Bart Millson

Telephone # 1-258-3399 c-853-4957

✓ Applicant Name _____

✓ Position Being Applied For _____

IN WHICH VULNERABLE SECTOR(S) WILL THE APPLICANT BE WORKING?

According to the Criminal Records Act, Section 6.3, "vulnerable persons" means persons who, because of their age, a disability or other circumstances, whether temporary or permanent,

(a) are in a position of dependence on others; or

(b) are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.

- Children, under the age of 18 Elderly Disabled
- Other circumstances. Please specify the circumstances that require a Vulnerable Sector Check.

CONTACT WITH THE ONTARIO PROVINCIAL POLICE (OPP) UNDER THE MENTAL HEALTH ACT

The following section must be completed by an individual with the authority of the requesting organization.

I, Bart Millson

(Print name of representative authorized to bind requesting organization),

CERTIFY THAT KDMHA (Print organization name)

requires the OPP include information about the applicant's contact with the OPP under the *Mental Health Act*, if any, in the Vulnerable Sector Check check. The result will be provided to the applicant. I certify that the disclosure of information is required as it relates to a bona fide occupational/volunteer requirement and is required to assess the applicant's suitability for the position. The applicant is aware that responsibilities of the position relate to the request for *Mental Health Act* apprehension information.

OR

does NOT require that the OPP include information, if any is available, regarding contact with the applicant under the *Mental Health Act* in the reference check.

VERIFICATION OF PERSONAL IDENTIFICATION

- Applicant is attending an OPP Detachment to have their identification verified, **OR**
- 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. *(NOTE: This does not apply if applicant attends an OPP Detachment to initiate this check as OPP detachment will verify identity.)*

SIGNATURE OF REPRESENTATIVE OF ORGANIZATION REQUESTING CHECK:

SIGNATURE: _____ DATE: June 1 '11

TO BE COMPLETED BY APPLICANT:

Applicant Name: _____

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

I HEREBY AUTHORIZE, AND CONSENT TO, FULL DISCLOSURE OF THE FOLLOWING INFORMATION AND RECORDS BY THE OPP, 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; and/or
- Contacts with the police under the *Mental Health Act* (if requested).

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

I consent to the OPP 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/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 OPP 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 OPP will not issue a Vulnerable Sector Check Certificate and will notify the requesting organization that I have withdrawn from the process.**

I also 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 OPP 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 OPP.

I understand that I have the right to refuse consent for a Vulnerable Sector Check.

I consent to the OPP conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Check.

Applicant's Signature: _____ Date: _____

LE225 August 2010

FIPPA
Personal information is collected under the authority of s. 39(1)(b) and s. 42(1)(b) of the Freedom of Information and Protection of Privacy Act for the purpose of enabling the Ontario Provincial Police to conduct the contractor security clearance investigation authorized in this form. If you have any questions or comments about any part of this form, please contact the Ministry of Community Safety & Correctional Services FOI designate at 1-705-494-3090.