



Delta Police Department

VOLUNTEER Consent and Request for Criminal Records Check

Delta Police Use Only

Pickup: HQ PSB

Date:

Instructions: Complete all questions in Part 1 and Part 2. Refer to Delta Police website (deltapolice.ca) for all requirements for your application

PART 1 APPLICANT

Full Name of Applicant: _____
(Same as on photo ID) Surname Given 1 Given 2 Given 3

Other Former Surnames and Aliases: _____

Birthdate: Year: _____ Month: _____ Day: _____ Male or Female City of Birth: _____

Current Address: _____ Postal Code: _____

Previous addresses in the last five years (if more space required, use reverse side of form):

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Photo ID Provided: _____
(Indicate type of ID e.g. Driver's licence number and jurisdiction; provincial ID and number; passport number and country; Canadian citizenship card number)

Reason for Request: _____
The name of the organization must be given and the position you are applying for (e.g. Baseball coach with XYZ Minor Hockey Association)

Will you be working with the Vulnerable Sector? (children, seniors, physically or mentally challenged persons.) Yes No
(If yes, in addition to this form, you must also complete Form 1 - Consent for a Criminal Record Check for a Sexual Offence Pardon)

PART 2 DISCLAIMER

I hereby authorize the Delta Police Department to conduct a search of my criminal history, including but not limited to any convictions, absolute or conditional discharges or charges under any enactment for which a disposition is awaiting or has been entered, and local indices checks, and request Delta Police Department to provide such information to me. In consideration of the foregoing, I hereby release the Delta Police Department, Delta Police Board, The Corporation of Delta, and their respective elected officials, members, officers, employees and volunteers from any damages I may suffer as a result of my disclosure of this information to any third party.

Signature of Applicant: _____ Date: _____

Authorization for Fingerprinting

If there is a requirement to verify that I do or do not have a criminal record, the police will require my fingerprints. Should they be required, I therefore agree to voluntarily submit my fingerprints. I understand that my fingerprints will be returned to me by the Identified Organization after this check has been completed.

Signature of Applicant: _____ Date: _____

PART 3: POLICE USE ONLY RESULTS OF RECORDS CHECK

The results of the check show only the absence or possible presence of a criminal record based upon the information provided by the applicant (the name and date of birth indicated on this consent form), as of the date noted below. The results of the record search should not be considered as an affirmation of good character or as a suggestion of poor character.

A search of the Central Repository for Criminal Records for Canada suggest that:

	Based on the information provided by the applicant, there is <u>no record</u> of any convictions, absolute or conditional discharges, or charges under any Federal enactment for which a disposition is awaiting or has been entered.
	Based on information provided by the applicant, there <u>may or may not be</u> a criminal record, outstanding charges, or pardoned sex offenses in existence. Information can only be confirmed by fingerprint comparison.
	Based on information provided by the applicant, there <u>may or may not be</u> local records of concern.

VOID *without* Delta Police Department stamp

Signed: _____ Date completed: _____