



D.P. TODD SECONDARY SCHOOL
SCHOOL DISTRICT NO. 57 (PRINCE GEORGE)

4444 Hill Avenue, Prince George, B.C. V2M 5V9

Phone (250) 562-9525 • Fax (250) 564-4875

Royal Canadian Mounted Police

Re: Police Information Check
Volunteer for School District No. 57 (Prince George)

Please accept this as the accompanying letter confirming _____ has completed a volunteer application for School District No. 57 (Prince George).

All of our volunteers are required to complete a Police Information Check that includes vulnerable sector applicants. The above individual cannot begin assisting with students until the check has been successfully completed. Volunteers will be performing various duties with students aged five to 18 e.g. assisting in classrooms, providing transportation for field trips, coaching, etc.

School District No. 57 is a non-profit organization and we are confirming that the above individual is not an employee of School District No. 57, however, he/she will receive an Honorarium in recognition of services provided.

Thank you for your assistance in processing this Police Information Check. We appreciate your support.

Yours truly,

Ms. Davies, Principal
DP Todd Secondary

Prince George RCMP Detachment Police Information Check

XXXX Police Use Only

Log:
Receipt:
Received at:

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
Any applicable fee (see website for costs and payment options).
One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.

If you are unable to provide proper identification the police agency cannot complete your check.
Your Police Information Check will review all available law enforcement systems, including any local police records.
This check will NOT include: overseas or US records, traffic tickets, or municipal bylaw offences.

The results of this check will not be forwarded to a third party
(with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

			*Check Completed (office use only)	
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) - Employment Other (specify below)

Key Contact Name: Royce Norum

Volunteer Agency/Employer Name: School District # 57 (Prince George)

Volunteer Agency/Employer Address and Phone Number: 2100 Ferry Ave., Prince George, BC V2L 4R5 (250) 561-6800

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT AND LIABILITY RELEASE

I request and consent to the Prince George RCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of the City of Prince George, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

******* FOR OFFICE USE ONLY *******

QUERY TYPE	Queried by:	Negative	Attached	Date
CPIC				
PRIME				
PIP/LEIP				
JUSTIN				
VS - FP REQ.				

NOTES (office use only):
