

**CITY OF SWIFT CURRENT
R.C.M.P.
CRIMINAL RECORD CHECK FORM**

A. APPLICANT INFORMATION:

Name: _____

Other Name (if applicable) (Please include maiden or any other name you have ever used): _____

Address: _____
(Street)

(City) (Province) (Postal Code) (Telephone Number)

Date of Birth: ____ / ____ / ____ Birth Place: _____
YY MM DD

Name of Organization: _____

Please note: 2 pieces of identification are required at the time of applying for a criminal record check.

B. PLEASE ANSWER THE FOLLOWING:

1. Do you require this criminal record check for volunteer purposes with a non-profit organization operating within the City of Swift Current?

Yes _____ No _____

Signature of Applicant Date: _____

C. RESULTS OF CHECK: (To be completed by the Police)

A name check of police records reveals:

No Criminal Record

There may/may not be a possible Criminal Record. This can only be verified by a fingerprint check.

Vulnerable Sector query has been completed. Yes _____ No _____

If Yes; No record _____. There may/may not be a possible record _____.

Name and Position of Officer Date: _____

Signature Stamp - Swift Current R.C.M.P. Detachment

The City of Swift Current has a policy where a \$25.00 fee is charged for the completion of a criminal record check. This fee is waived for those persons who require a criminal record check for volunteer work with an organization operating within the City of Swift Current.



CRIMINAL RECORDS - CONSENT FOR CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

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.

Identification of the Applicant

Surname		Given Name(s)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mm-dd)	Place of Birth (city and province)		
Home Address		City	Province	Postal Code
Previous addresses, if any, within the last 5 years				

Reason 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	Name of the person or organization
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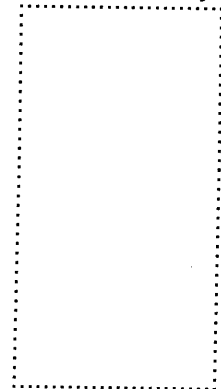
Details regarding the children or vulnerable person(s)

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 or issued 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, a search discloses that there is a record of my conviction 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 shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, 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.

Fingerprint: For card scan submissions only.



Contributing Agency	
Signature of Applicant	Date (yyyy-mm-dd)

Finger: _____