



# NIAGARA REGIONAL POLICE SERVICE

## EXEMPTED POLICE RECORD CHECK APPLICATION FORM

Last Name:	First Name:	Middle Name:
Maiden Name or other Surnames used:	Date of Birth (YYYY-MM-DD):	Gender:
Number and Street Name:	Apt/Unit #	City:
Province:	Postal Code:	Place of Birth:
E-Mail Address:	Phone Number:	

Address History: (indicate all addresses in the past five (5) years)

Number and Street Name:	City	Province	Postal Code	Length of time

<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Adoption	Self Declaration (Do you have a Criminal Record?)			
<input type="checkbox"/>	Kinship	<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Licensing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Other (Specify):					<b>If indicated yes above, please complete the Declaration of Criminal Record form</b>			

**RELEVANT LEGISLATION**

I am an applicant for a paid or volunteer position, or for adoption purposes, with a person or organization responsible for the wellbeing of children and youth under the following legislation:

- the *Child, Youth and Family Services Act, 2017 (CYFSA)* or
- the *Inter-country Adoption Act, 1988 (IAA)*

Description of the position:	Name of the person or organization:
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Details regarding the responsibilities towards the children and youth:

1. I hereby confirm that I have requested that the Niagara Regional Police Service (NRPS) perform a Police Record Check on me. I understand that the NRPS need to obtain personal information from me that is required to complete the Police Record Check.
2. I hereby authorize the NRPS to use the name(s), date of birth, and declared criminal record history I have provided to complete the Police Record Check and disclose such information to me.
3. I understand this includes a search of the NRPS's Records Management Systems ("RMS") and the Canadian Police Information Centre ("CPIC") database, as maintained by the RCMP.
4. I hereby authorize the NRPS to search and release any information listed in section 119 of O. Reg. 155/18 under the *Child, Youth and Family Services Act* ("CYFSA") and/or section 16 of O. Reg. 155/18 under the *Intercountry Adoption Act* ("IAA"), as lawfully required by those Acts.
5. I hereby release and discharge the Niagara Regional Police Service Board and all employees or agents of the NRPS from any and all actions, claims, and demands for damages, loss, or injury howsoever arising which may hereafter be sustained by myself, or anyone associated with me as a result of the disclosure of the information to me by the NRPS.
6. I hereby authorize the NRPS to inquire into and disclose the results of any police records to me, including but not limited to: criminal convictions (summary and indictable), absolute and conditional discharges, findings of not criminally responsible on account of mental disorder, findings of guilt under the *Youth Criminal Justice Act* ("YCJA") that are still within the access period listed under section 119(2) of that legislation, any outstanding entries such as charges, judicial orders, probation orders, and prohibition orders, and previous police contact, and to conduct a local police contact search with any other Police Service in Canada.
7. For Broad Record Check applicants 18 years of age or older: if my application is for a role that qualifies for a Vulnerable Sector Check under the *Criminal Records Act* ("CRA") (i.e. the application is for a paid or volunteer position, and the position is one of trust or authority towards a child or vulnerable person), I hereby consent to a search of the automated criminal records retrieval system maintained by the RCMP to find out if I have been convicted of, and subsequently been granted a record suspension (pardon) for, any sexual offences that are listed in Schedule 2 of the CRA. I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of these sexual offences in respect of which a record suspension was granted, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the RCMP to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to the local police service. The police service 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 I complete this Police Record Check, that information will be disclosed to that person or organization accordingly.
8. I understand that the prescribed fee for the Police Record Check is non-refundable.
9. I certify the information provided by me in this Application is true and correct to the best of my knowledge and belief. I have read this consent, understand it, and agree to it in its entirety.

Applicant's Name (Please Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

**Identification Shown**

<input type="checkbox"/>	Valid Driver's Licence	<input type="checkbox"/>	Health Card (with photo)
<input type="checkbox"/>	Citizenship Documents	<input type="checkbox"/>	Student Card (with photo)
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Valid Passport
<input type="checkbox"/>	Immigration Documents / Permanent Residence Card	<input type="checkbox"/>	Native Status Card
<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>	Employment ID (with photo)
<input type="checkbox"/>	Ontario Photo Card	<input type="checkbox"/>	Vehicle Insurance / Ownership
<input type="checkbox"/>	Possession and Acquisition Licence	<input type="checkbox"/>	Other (specify):

Clerk ID

Date Received

Receipt #