



**Wikwemikong
Tribal Police**

- CRIMINAL RECORD CHECK (Level 1)**
 CR AND JUDICIAL MATTERS CHECK (Level 2)
 VULNERABLE SECTOR CHECK (Level 3)

MUST SELECT ONE:

TO BE COMPLETED BY APPLICANT Mailing Address (street name, street number, city, province and postal code) ** Please Print UNDER each heading **						Date of Request ____ / ____ / ____ yyyy / mm / dd		
Applicant Information								
Last Name, First Name, and Middle Names						Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Maiden Name or other Last Names used				Name commonly used or other First Names				
Street Number and Name or Lot, Conc. And Township		Apt. #	City, Town or Village		Province/State	Postal/ZIP Code		
Date of Birth (YYYY/MM/DD)		Country of Birth		Telephone		E-mail address		
Your residence addresses for the past five (5) years (if different from above)								
Street Number and Name or Lot, Conc. And Township		Apt. #	City, Town or Village		Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Street Number and Name or Lot, Conc. And Township		Apt. #	City, Town or Village		Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Street Number and Name or Lot, Conc. And Township		Apt. #	City, Town or Village		Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Street Number and Name or Lot, Conc. And Township		Apt. #	City, Town or Village		Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Identification – One form MUST be Government issued and include the applicant’s name, date of birth, signature and photo of applicant.								
Type of Identification produced				ID Number		<input type="checkbox"/> Viewed		
Type of Identification produced				ID Number		<input type="checkbox"/> Viewed		
Reason for Request:						** If you are under 18 years of age, refer to back page **		
State the Reason for the Criminal Record Check or Criminal Record Check and Judicial Matters Check or Vulnerable Sector Check :								
Self Declaration (if applicable) Declaration of Criminal Record Attached <input type="checkbox"/>								
Vulnerable Sector Check (Name of Employer/Organization/School/Other requesting Vulnerable Sector Check):								
Check the boxes for Vulnerable Person(s) you will be responsible for the well-being for (more than (1) can be indicated):								
<input type="checkbox"/> Children		<input type="checkbox"/> Elderly (over 65 years of age)		<input type="checkbox"/> Other (Specify): _____				
The Criminal Record Check will include the following information as it exists on the date of the search:								
<ul style="list-style-type: none"> • Criminal convictions from the Canadian Police Information Centre “CPIC” and/or local databases and Summary convictions for the past five (5) years, when identified • Youth Criminal Justice Act findings of guilt will be released on applications to government institutions/organizations 								
The Criminal Record and Judicial Matters Check will include all of the above and the following information as it exists on the date of the search:								
<ul style="list-style-type: none"> • Outstanding entries such as charges and warrants, judicial orders, Probation and Prohibition Orders – as per CPIC policy, information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agency • Absolute and Conditional Discharges within the applicable retention period 								
The Vulnerable Sector Check will include all of the above and the following information as it exists on the date of the search:								
<ul style="list-style-type: none"> • In very exceptional cases, there it meets the Public Safety Test, non-conviction dispositions including but not limited to, Withdrawn and Dismissed • Not Criminally Responsible by Reason of Mental Disorder • All record suspensions for release by the Minister of Public Safety 								

Personal Information contained on this form is collected pursuant to the *Police Service Act s.41*, and is collected for the purpose of processing a Police Records Check. Questions concerning this collection should be directed to the Wikwemikong Tribal Police Service (705) 859-3141.

Consent

1. I hereby authorize the **WIKWEMIKONG TRIBAL POLICE SERVICE** to conduct a search based on the names(s), date of birth and declared criminal record history, to obtain the information required to complete the Police Record Check and disclose such information to me. This includes a search of the Wikwemikong Tribal Police Service Records Management Systems (RMS), and the Canadian Police Information Centre (CPIC) database, maintained by the RCMP. This search of the CPIC database includes a search of the Identification Data Bank (known as the National Repository of Criminal Records), the Investigative Data Bank and the Police Information Portal (PIP).
2. I hereby release and discharge the **WIKWEMIKONG TRIBAL POLICE GOVERNING AUTHORITY** and all members and employees of the **WIKWEMIKONG TRIBAL POLICE SERVICE** from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of the information to me by the **WIKWEMIKONG TRIBAL POLICE SERVICE**. I hereby authorize the **WIKWEMIKONG TRIBAL POLICE SERVICE** to inquire into and disclose results of any police records to me including: criminal convictions (summary and indictable); absolute and conditional discharges; and cases of not criminally responsible for reasons of mental disorder; outstanding entries such as charges, judicial orders, probation and prohibition orders and to conduct a local police contact search with any Police Service in Canada.
3. I certify that 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.
4. **For Vulnerable Sector Check applicants that are 18 years of age or older:** I hereby 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 a records suspension (Pardon) for, any sexual offences that are listed in the schedule to the *Criminal Records Act*. 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 the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a record suspension was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may 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 for that information to the person or organization referred to the above that requested the verification, that information will be disclosed to that person or organization.
5. I understand that the set fee is non-refundable and the response to this Police Record Check will be forwarded to the mailing address that I have provided.

Applicants Signature	Date (yyyy/mm/dd)
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FOR POLICE USE ONLY					
Member:	Member ID	Receipt #	<input type="checkbox"/> \$25 CR <input type="checkbox"/> \$35 VSC <input type="checkbox"/> \$10 Certified Copy (CR only)	<input type="checkbox"/> Volunteer Waived Or Student	<input type="checkbox"/> Other

TO BE FILLED OUT BY APPLICANTS UNDER 18 YEARS OF AGE AND WHOM REQUIRE THIS CONSENT FOR A POSITION WITH A GOVERNMENT AGENCY
Name of Government Agency:
Address of Government Agency:
Position with Government Agency: