



VANCOUVER POLICE DEPARTMENT

REQUEST AND CONSENT FOR RECORD CHECK AND DISCLOSURE

VPD 500(09)

THIS FORM MUST BE PRESENTED IN PERSON TO VANCOUVER POLICE

	Surname	Given 1	Given 2
Current name:			
Other Name(s) or Alias			
Maiden			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (YYYYMMDD)	Telephone No.:	Driver's Licence No:
Address (no., street, apt)		City	Province
Postal Code			
Previous address if less than 5 years at current address		City	Province
Postal Code			
Description of Position Applied for		Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	VPD USE ONLY Vulnerable Sector: <input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____ hereby request and authorize the Vancouver Police Department and its employees (referred to collectively as the "V.P.D." hereafter) to investigate the records and information in the possession of the V.P.D., any other policing agency or contained in a court registry database, to determine the existence of any records and information in which I am referred to or which I am the subject of (referred to collectively hereafter as my "personal information"). **Note: Youth offender information may only be disclosed directly to the young person or adult requester of the youth information.** The *Youth Criminal Justice Act* makes it an offence to disclose young offender information in any other manner, even with the individual's consent. Individual's can, however, disclose their own information.

I agree to submit my fingerprints, if requested by the V.P.D., to assist in verifying my identity or in determining the existence and/or accuracy of my personal information. However, I direct and agree that the personal information I am requesting be disclosed, can be investigated and identified by the V.P.D. on the basis of my name and date of birth only. I understand and agree that the V.P.D. cannot and does not guarantee the accuracy of my personal information to be disclosed.

Pursuant to s. 33(a) of the *Freedom of Information and Protection of Privacy Act* of British Columbia, I authorize the V.P.D. to disclose my personal information to:

Name of Agency or Organization	Name and Title of Person in Authority for Agency or Organization	Agency Phone No.
Agency Address (no., street, apt)	City	Province
		Postal Code

_____ day of _____, 200_____

Applicant Signature

WAIVER AND RELEASE: In consideration of the Vancouver Police Department's providing the above services in compliance with my request, and by my signature below, I release and forever discharge the Vancouver Police Department and its employees and each of them, of and from all manner of lawsuits and legal actions, including but not limited to claims, demands, damages, actions or causes of action arising or to arise by reason of the release of the personal information as I have requested above; notwithstanding that the same may have been contributed to or occasioned by the negligence of the said Vancouver Police Department and its employees and each of them.

_____ day of _____, 200_____

Applicant Signature

Signed in the presence of: VPD Employee: _____

RESULTS OF RECORDS CHECK - VPD USE ONLY		No Adult Record that meets VPD release criteria	See Attached or Item # below
1.	Records of criminal convictions for which a pardon has not been granted. This information MAY NOT include criminal convictions by other police agencies that have not yet been entered in CPIC database in Ottawa.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Records of outstanding charges pending disposition.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Records of all charges regardless of disposition.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Police records, information and details of allegations of criminal conduct or of statutory offences committed or suspected of having been committed, but not confirmed by fingerprints	<input type="checkbox"/>	<input type="checkbox"/>
5.	Record of sexual offences for which a pardon has been granted	<input type="checkbox"/>	<input type="checkbox"/>
Details of Item # _____ :			

COMPLETED BY: _____ DATE: _____

RECORD CLEARANCES SECTION
VANCOUVER POLICE DEPARTMENT

Phone: (604) 717-3044



Vancouver Police Consent for Criminal Record Check and Disclosure for Vulnerable Sector screening

I, _____
 (Please print full name)

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 position: (What will you be doing)
Details of position: (Who will you be responsible for or working with):

CONSENT FOR CPIC SEARCH: (CPIC Form 1) – *This consent is to be used by a person applying to a position with a person or organization responsible for the well-being of one or more children (defined by CRA as being less than 18 years of age) or vulnerable persons (defined by CRA as persons, who because of their age, a disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at greater risk than the general population of being harmed by persons in a position of authority or trust relative to them), 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.)*

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 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, 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 pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, 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 the information to me. If I further consent in writing to disclosure of that information to the person or organization requiring verification and referred to on front of the VPD waiver, the information will be disclosed to that person or organization.

 Signature of applicant consenting to search Date

CONSENT TO DISCLOSE: (CPIC Form 2): *This consent is to be used by a person who has consented to a search being made in criminal conviction records by completing the (Consent for Criminal Record check for a Sexual offence for which a Pardon has been Granted) and who wishes to consent to the disclosure of information obtained in that search to the person or organization who requested the search.*

I consent to information contained in a criminal record, found as a result of a criminal record check for a sexual offence for which a pardon has been granted or issued, being disclosed by a police force or other authorized body to the person or organization referred to above to whom or who which I am applying or have applied for a paid or volunteer position.

I understand that as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the person or organization, even though a pardon has been granted or issued for the offence.

 Signature of applicant consenting to search Date

VPD USE ONLY BELOW																			
GO #:				Receipt #:															
VERSADEX FIELD REQUIREMENTS AND IDENTIFICATION				CASHIER INFORMATION															
Place of Birth (POB):		Service:		Fee:		Method of Payment:													
Place of Entry (POE):		<input type="checkbox"/> Employee <input type="checkbox"/> Clearance Let. <input type="checkbox"/> Local Indices		<input type="checkbox"/> \$65.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$30.00		<input type="checkbox"/> Cash <input type="checkbox"/> Debit													
Date of Entry:		<input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Prints		<input type="checkbox"/> \$5.00 x sets = \$ _____		<input type="checkbox"/> BA													
Ethnicity:		<input type="checkbox"/> Extra Prints How many sets? _____		<input type="checkbox"/> N/C		<input type="checkbox"/> Cheque or Money Order													
Primary (photo) ID type and #:		<input type="checkbox"/> Multi PRC <input type="checkbox"/> VPD <input type="checkbox"/> CPC				Change Received: Note denominations received: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Change Given:</th> </tr> <tr> <td style="width: 20%;">Coin</td> <td style="width: 10%;">5's</td> <td style="width: 10%;">10's</td> <td style="width: 10%;">20's</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Change Given:				Coin	5's	10's	20's				
Change Given:																			
Coin	5's	10's	20's																
Secondary ID type and #:																			
POLICE RECORDS CHECK RESULTS																			
Query Type	Queried by	Negative	See Attached	Query Type	Queried by	Negative	See Attached												
CPIC (QPERS, QCNI)		<input type="checkbox"/>	<input type="checkbox"/>	Legacy Web RMS		<input type="checkbox"/>	<input type="checkbox"/>												
CPIC (QCNI/VS)		<input type="checkbox"/>	<input type="checkbox"/>	JUSTIN		<input type="checkbox"/>	<input type="checkbox"/>												
Prime/Versadex		<input type="checkbox"/>	<input type="checkbox"/>	PIRS		<input type="checkbox"/>	<input type="checkbox"/>												
LEIP/PIP		<input type="checkbox"/>	<input type="checkbox"/>	NCIC		<input type="checkbox"/>	<input type="checkbox"/>												
If lived outside BC note where for PIRS check:																			