

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

FORM A
(Please Print)

DATE RECEIVED: _____

Surname (Provide previous name(s) prior to applicat6ion if applicable)		Given Names Applicant #: _____	
Maiden Name or Other Surnames Used (if applicable)		Place of Birth (If other than Canada, please also note date of entry to Canada)	
Date of Birth (YY-MM-DD) _ _	Sex	Area Code: Phone#	Driver's License Number
Number	Street	Apt./Unit	City/Province/County Postal Code

Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt./Unit	City/Province/County	Postal Code
Number	Street	Apt./Unit	City/Province/County	Postal Code

Reason For Request (Screening For) **Employment*** **Volunteer*** **Other** _____

*Please Enclose Application Fee for Employment and Volunteer Searches

Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the M F I P A

SEARCH AUTHORIZATION:

<p>I HEREBY CONSENT TO THE SEARCH OF:</p> <ul style="list-style-type: none"> A. Criminal Record (Adult) B. Criminal Record (young Person)* C. Records of "Not Guilty By Reason of Mental Competence" D. Charges Pending or Outstanding Under Federal Statues E. Pending charges Under the "Child and Family Services Act" 	<ul style="list-style-type: none"> F. Records(s) of Convictions For Offences Under the "Child and Family Services Act" G. Highway Traffic Act H. Liquor Control Act I. Other Police Service Information <p style="text-align: center; margin-top: 20px;">_____ (Signature of Applicant)</p>
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* Pursuant to section 44(1) of the Young Offender Act, a young offender record can be made available to the young person to whom the record relates and for the purpose of granting a security clearance in accordance with section 44(1) (L) YOAA

Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

RELEASE AUTHORIZATION AND WAIVER

<p>Authorization to Release Clearance Report or Any Police Information</p> <p>Signed this _____ day of _____ 20 _____</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I hereby release and forever discharge all members and employees of the processing Police Service form 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 information by the processing Police Service to the organization listed herein.</p> <p style="text-align: center; margin-top: 20px;">_____ (Signature of Applicant)</p>	<p>STAMP OF ORGANIZATION WITH RETURN ADDRESS</p> <p style="text-align: center; margin-top: 20px;">_____ Organization's Representative (please print)</p> <p style="text-align: center; margin-top: 20px;">_____ Signature of Organization's Representative</p>
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