



Dear _____;
Volunteer

Attached is a consent form which must be presented at the Canmore RCMP** office in order to receive a Vulnerable Sector Check as a volunteer. Vulnerable Sector checks may require fingerprints to confirm the identity of an applicant. For more information please see <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>. Please complete this form before attending the detachment.

Here is a list of what you need to know;

Part 1

The first three lines are the applicant's current information and address, including any nicknames or former last names. Lines 4 and 5 are for previous addresses within the past 5 years. If the applicant has more than two previous addresses, we usually advise them to write on the back of the page.

Part 2

must be filled out in-person at the RCMP detachment, but shows the information you need to include for the RCMP to release the results.

- You must present this document, outlining the reason for the Vulnerable Sector record check
- You must present two pieces of ID, including proof of local address. One must be Government issued photo ID (Driver's Licence or Passport)
- The applicant must authorize that the results be sent directly to the requesting organization (school name)

Part 3

The applicant must initial Box 3 authorizing RCMP to run the check.

**Must be a resident of Canmore, Harvie Heights, Exshaw, Lac Des Arcs or Dead Man's Flats (to apply at the Canmore detachment). If your residence is elsewhere, you must apply in-person to your local detachment or police service.

Name of volunteer _____

This volunteer will be _____ (description of activity).

The information must be forwarded to the attention of

Elizabeth Rummel School

Name of school

ers.info@crps.ca

Email address

1033 Cougar Creek Dr. Canmore, AB

Address of School

403-678-6292

Phone Number



Consent for the Release of Police Information

Applicant Information					
Last Name		Given Name 1		Given Name 2	
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (yyyy-mm-dd)	Current Address			
City		Province	Postal Code (A9A 9A9)	Telephone Number (include area code)	
Place of Birth		Usual First Name or Alias		Maiden Name or any Other Last Name	
Name at Birth		Previous Names or Legally Changed Names			
Previous Addresses					
Provide previous addresses if less than 5 years at current address.					
Address		City	Province	Postal Code (A9A 9A9)	
Consent					
<p>Important - Informed Consent (provided by the individual): As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.</p>					
Signature of Applicant					
<p>I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.</p>					
Signature			Date of Consent (yyyy-mm-dd)		
<th>Requesting Organization</th> <th>Fingerprint</th>				Requesting Organization	Fingerprint
<input type="checkbox"/> Record Check results will be picked up in person by the applicant				For card scan submissions only.	
Identity of the organization that is requesting and should receive the results of the record checks.					
Name of Person or Organization		Address			
City		Province	Postal Code (A9A 9A9)		
Waiver of Consent of Release of Information to Third Party					
<p>I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.</p>					
Signature		Date (yyyy-mm-dd)		Finger	
Type of Record Check Required					
To be completed by the applicant (initial type of record check being requested).					
Type	Description	Additional Requirements	Initial		
Name-Based Criminal Record Check	A query, based on name and date of birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	N/A			
Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.	N/A			
Vulnerable Sector Check	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices's check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	<input type="checkbox"/> Form 3923 completed and attached			
Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.	<input type="checkbox"/> Form 6359 completed and attached			
Identification Provided					
To be completed by the RCMP employee.					
Applicant Identification Type 1		Applicant Identification Type 2	RCMP Employee Name	HRMIS Number	



PIB	CMP PPU 005
PIB	CMP PPU 030

Reference Number (to be completed by detachment)

Consent for Check for a Sexual Offence for which a Record Suspension (Pardon) has Been Granted or Issued (Vulnerable Sector Verification)

- This form must be submitted with RCMP form 6388 - Consent for the Release of Police Information.
- This form is to be completed by an individual 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 of the *Criminal Records Act* and has been pardoned.
- To be used only for organizations inside of Canada.

Identification of the Applicant		
Current Legal Surname (required)	Current Legal Given Name (required)	
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (required; yyyy-mm-dd)	
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.		
Title of the Paid or Volunteer Position	Name of the Person or Organization	
Details regarding the responsibilities towards children or vulnerable persons		
Type of Position <input type="radio"/> Paid Position (fee enclosed) Processing Fees <input type="radio"/> Volunteer Position (letter from non-profit organization attached)		
Consent		Fingerprint
I hereby consent to a search being made in the automated 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 Record Suspension (Pardon) for, any of the sexual offences that are listed in the schedule of the <i>Criminal Records Act</i> .		For card scan submissions only.
I understand that if, 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 of the <i>Criminal Records Act</i> in respect of which a Record Suspension (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.		
Contributing Agency		
Signature of Applicant	Date (yyyy-mm-dd)	
Verification		
Name of Verifier		
Title	Date Received (yyyy-mm-dd)	Finger

CONFIDENTIALITY CONTRACT

During the course of work, an employee may acquire information that is privileged information. All employees will:

- a. Be made aware during training of the code of conduct and principles of confidentiality by which they must abide.
- b. Treat all personal information regarding any student, parent or staff member whether read, overheard, observed or told directly, as confidential.
- c. Treat all information gathered as confidential, not only for the duration of service, but indefinitely after service is completed.

Limits of Confidentiality

Employees will, where appropriate, ensure to the best of their ability that students are made aware of the limits of confidentiality.

- a. Confidential information may be shared with school staff for the purpose of guidance, debriefing or referral without the consent of the student.
- b. Confidential information will be shared with school staff and/or appropriate authorities (i.e. Child Welfare, Police) upon disclosure of abuse, self-harm, or intended self-harm without the consent of the student.
- c. Employees are encouraged to always use their best judgment and err on the side of caution.
- d. Confidential information regarding students, parents and staff members may be shared among staff for the purposes of maintaining the integrity of the school.

Employees will sign the confidentiality contract upon entry into service. The employee confidentiality contract states that the employee understands and agrees to abide by the principles and limits of confidentiality outlined herein and on the code of conduct.

CONFIDENTIALITY CONTRACT

I _____ have read and understand the policies regarding confidentiality.

I understand and agree to abide by the principles of confidentiality confined therein and will at all times respect the right to confidentiality of all parties.

I understand that confidentiality is binding indefinitely, regardless of length, nature and/or termination of my services with Canadian Rockies Public Schools, and that violation of this contract shall result either in termination of my services or other appropriate disciplinary measures.

Dated this _____ day of _____, 20__ in the Town of Canmore in the Province of Alberta.

Signature _____

Witness _____