

**WAIVER, RELEASE AND CONSENT**

I request and consent to Sunshine Coast RCMP and its employees conducting a search with the information I have provided of records and information in the possession of any policing agency or contained in a court registry database. I understand and agree that this search will report on the existence of any formal criminal records or pending charges, *as well* as the existence of records including information related to adverse contact with the police including occurrences where no charges have been laid, Mental Health Act occurrences and provincial statutes. I understand that records may continue to exist even if they are no longer indicated. I understand the Sunshine Coast RCMP will provide a factual report on the results of the search and will not be responsible for determining whether the search results are or are not relevant to my proposed employment or volunteer position. **This determination must be made by the employer or volunteer organization through its own background investigation and in accordance with human rights legislation and employment law.**

I understand that information collected as a result of this Police Information Check will only be released by Sunshine Coast RCMP and its employees **directly to me and not to any third party.**

I release the Sunshine Coast RCMP its employees, agents and assigns, from any and all actions, claims and demands for losses or damages, including indirect or consequential, that I might sustain by reason Sunshine Coast RCMP and its employees conducting searches and reporting on the results of information collected during this Police Information Check. I understand Sunshine Coast RCMP cannot and does not guarantee the accuracy of the information I have provided or of the information to be disclosed.

I certify that the information provided is true and correct to the best of my knowledge and belief. I have read and understood this form and consent to these terms by my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

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**VULNERABLE SECTOR APPLICANTS**

**FORM 1 - CONSENT FOR CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

This form is to be used by a person 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 to the Criminal Records Act and has been pardoned.

Reason for Consent: I am an applicant for a paid or volunteer position with a person or organization for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: *(what will you be doing?)* \_\_\_\_\_

Provide details regarding the children or vulnerable persons: *(what ages & types of clients will you be in authority over?)*  
\_\_\_\_\_

**Consent:** I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine 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 Minister of Public Safety 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 referred to above that requested the verification, that information will be disclosed to that person or organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed