



**Chilliwack  
School District**


Partners in Learning!

Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This letter is to confirm that \_\_\_\_\_, DOB: \_\_\_\_\_,  
has offered to volunteer at the Chilliwack School District. \_\_\_\_\_  
may be volunteering in various classrooms and may be assisting with field trips. The  
student's ages will vary from 5 years old to 18 years old, both male and female.

Yours truly,

  
\_\_\_\_\_  
Principal

# Upper Fraser Valley Regional Detachment Chilliwack Community Police Office

## Police Information Check

Police Use Only	
Amount Paid:	
Volunteer:	
Receipt #	
Received by:	

**IDENTIFICATION – one form must be photo ID (office use only).**

Type of ID Produced:	Number:
Type of ID Produced:	Number:

**INSTRUCTIONS FOR COMPLETION**  
(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:  
 Any applicable fee (see website for costs and payment options).  
 One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.  
 If you are unable to provide proper identification the police agency cannot complete your check.

**Your Police Information Check will review all available law enforcement systems, including any local police records.**  
**This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.**

**The results of this check will not be forwarded to a third party**  
 (with the exception of confirmed positive Vulnerable Sector responses).

**PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)**

LAST NAME	FIRST NAME	MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)			SEX (circle one) M      F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:		
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)		
<b>PREVIOUS ADDRESS</b> (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)			*Check Completed (office use only)
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

**REASON FOR APPLICATION (check appropriate):**  Volunteer (attach letter)     - Employment     Other (specify below)

**Key Contact Name:** \_\_\_\_\_

**Volunteer Agency/Employer Name:** \_\_\_\_\_

**Volunteer Agency/Employer Address and Phone Number:** \_\_\_\_\_

**IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS:**     YES     NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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**VULNERABLE SECTOR APPLICANTS:**

**FORM 1 – CONSENT FOR A 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 responsible for the well-being of one or more children or vulnerable person(s).

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

Provide details regarding the children or vulnerable person(s) (what ages, type of client(s) you will 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.**

_____ <b>Signature of Applicant</b>	_____ <b>Date Signed</b>
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**DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant**

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the Criminal Records Act, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the Youth Criminal Justice Act.

Date of Conviction	Nature of Offence	Location/Jurisdiction

<b>Signature of Applicant</b>	<b>Date signed</b>
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