



To Whom It May Concern:

The Lakeshore O.P.P. is making every effort to assist all organizations and companies with their employees, volunteers, and representatives applying for criminal reference checks (police clearances). Please note - this policy applies to Lakeshore O.P.P. Detachment only, and does not apply to any other detachment.

Lakeshore O.P.P. Detachment Police Clearance Policy

- Applicants must apply in person to the municipality where they reside.
- All applications regarding the vulnerable sector (anyone working or volunteering with children, elders, or infirm persons) must be accompanied by an agency letter requesting a check of the pardoned sex offender database. **This letter must be completed in its entirety by the signing member of the requesting agency. (Sample included on page 6).**
- No applicant 18 years old or younger will be checked on the pardoned sex offender database as it would be impossible for them to be included in this database because of their age. The vulnerable check will be completed. There will be no exceptions.
- All police clearances required for a paid position have a fee of \$25.00 (Subject to change). We only accept cash, cheques and money orders, which must be made payable to the Town of Lakeshore. This fee must be paid before the process will begin. A receipt will be issued. **Volunteers and students are free provided their agency letters are completed properly.**
- All police clearances must be accompanied by 2 pieces of identification, one must be picture id. We prefer a driver's license and birth certificate. We cannot accept a Health Card. List of approved identification attached. (See attached page 7).
- Applicants under the age of 16 will be given a basic clearance only, no vulnerable check. They will be required to attend with their parent or guardian who will need to sign the application as well.
- As the agency letter has an expiry of one month, we will only keep completed vulnerable police clearances for one month. All other completed clearances and applications will only be kept for two months.
- We will not call when completed, we will not fax clearances, and we will not mail police clearances. All applicants are required to pick up their own police clearance because they need to be signed for.
- We will provide each applicant with one original and one copy of their police clearance.
- Police Clearances generally take one week to complete depending on the other agencies that have to be contacted.
- If your agency or group has more than five persons from the Town of Lakeshore requiring police clearances please submit them as a group. The agency will be responsible for collecting an application and a copy of two pieces of acceptable identification from each applicant along with one agency letter covering the whole group. This package can then be delivered to the Lakeshore office and we will do them as a group and make a list of all person checked with negative results. If one of the applicants has anything needed to be disclosed on their clearance, they will be subjected to the following process.

Note: A change by the RCMP has resulted in a change in the way we deal with police clearances for those applicants that have criminal records. This new process now requires that any applicant that has a record must have that record verified through fingerprints. This will require the applicant to be fingerprinted, prints sent to the RCMP; wait for the results, which could take up to 3 months. Once the results are received we can then issue the clearance letter. If this is a paid police clearance there will also be a fee of \$25.00 for the fingerprinting as well as a \$25.00 cheque or money order made payable to the Receiver General that must accompany the fingerprints to the RCMP for verifying. If this is a free police clearance then the fingerprinting and verification by the RCMP is also free.

Document	Use if...	Page
Volunteer/Applicant Screening Process Consent to Disclosure of Personal Information	Need to search vulnerable sector (i.e. with children, elders, handicapped, etc.).	4-5
Draft Agency Letter - Request to Check Pardoned Sexual Offender Database	Must be accompanied when searching vulnerable sector. Except when under the age of 18.	6-7

Please see attached the applications:

Applications will not be accepted unless applicants bring two pieces of acceptable identification along with all required documents *fully completed.*

We are open from Monday-Friday, from 8:00 a.m. - 4:00 p.m.

For any questions, please call your local O.P.P. Detachment.
Lakeshore Detachment: 519-728-1810



**Ontario
Provincial
Police**

**Volunteer/Applicant Screening Process
Consent to Disclosure
of Personal Information**

Note: This form to be used to assist the agency to determine the suitability of successful candidates for either full or part time employment and/or volunteer duties having direct contact with children or vulnerable persons.

Applicant Information

Surname					Given Names				
Maiden Name or Other Names used (if applicable)					Place of Birth				
D.O.B. YY MM DD		Sex	Area	Telephone (Res.)		Driver's Licence Number			
Address: Number Street			Apt./Unit		City/Town/Municipality			Postal Code	

Previous addresses for the last five years

(If insufficient room, attach a separate sheet.)

Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence

(Please read carefully.)

I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfill the requirements of the volunteer/applicant screening process. This consent is given pursuant to s.42(b) of the Freedom of Information and Protection of Privacy Act.

Name:	Title:
Name of Organization:	

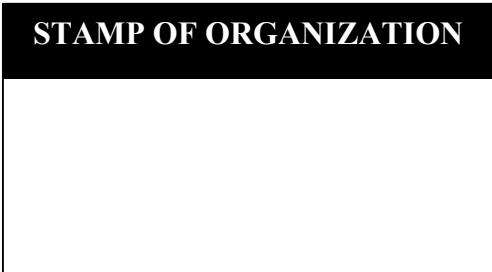
The *Criminal Records Act*, provides for additional information to be provided to a person or organization responsible for the well-being of one or more children or vulnerable persons. I am an applicant for a paid or volunteer position with such a person or organization, as defined by the *Criminal Records Act*, as described below:

Description of the paid or volunteer position:	
Name of the person or organization:	Title:
Details regarding the child(ren) or vulnerable person(s):	

Therefore, pursuant to a request by the above person or organization, I hereby consent to a search of 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 offences listed in the schedule to the *Criminal Records Act*. I understand that pursuant to this consent, if I am determined to be the person named in a criminal record as described above, that record may be disclosed to the Ontario Provincial Police (OPP) and the OPP will then disclose that information to me and to the person or organization referred to above.

Release and Discharge

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Commissioner of the Ontario Provincial Police and all members and employees of the OPP from 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 OPP.



Signature of Applicant *Date*

Signature - Organization Witness

Identification verified by

Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person except as provided above.

The information provided is based on a name check only, and having a birth date as provided above. Fails

- to reveal any record relating to the above subject
- Indicates the following information may relate to the above subject.

Lakeshore (M) DETACHMENT

775 Notre Dame Street,
Belle River, Ontario
N0R 1A0

Phone: (519) 728-1810
FAX: (519) 728-1992

February 20, 2011

To Whom It May Concern

Recently we have had several changes to our police clearance process. One of these changes is the following Pardoned Sex Offender Data Base agency request letter. These letters must be completed solely and completely by the agency, and accompany the applications.

If you have any questions at all, feel free to contact us.

Administrative Support Staff
Lakeshore OPP

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REQUEST FOR VULNERABLE SECTOR CHECK

THIS FORM MUST:

- originate from the organization requesting a check of the Pardoned Sexual Offender Database;
- accompany each completed Request to Consent of Personal Information LE220E or LE220F; and
- be kept on file (originals by the OPP) for each request for a Vulnerable Sector check and be available for audit purposes for at least two years plus current.

TO BE COMPLETED BY REQUESTING ORGANIZATION:

Reason for Request Employment Volunteer

Requesting Organization _____

Contact Name at Organization _____

Telephone # _____

Applicant Name _____

Position Being Applied For _____

IN WHICH VULNERABLE SECTOR(S) WILL THE APPLICANT BE WORKING?

According to the Criminal Records Act, Section 6.3, "vulnerable persons" means persons who, because of their age, a disability or other circumstances, whether temporary or permanent,

(a) are in a position of dependence on others; or

(b) are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.

- Children, under the age of 18 Elderly Disabled
- Other circumstances. Please specify the circumstances that require a Vulnerable Sector Check.

CONTACT WITH THE ONTARIO PROVINCIAL POLICE (OPP) UNDER THE *MENTAL HEALTH ACT*

The following section must be completed by an individual with the authority of the requesting organization.

I, _____
(Print name of representative authorized to bind requesting organization),

CERTIFY THAT _____ (Print organization name)

- requires** the OPP include information about the applicant's contact with the OPP under the *Mental Health Act*, if any, in the Vulnerable Sector Check check. The result will be provided to the applicant. I certify that the disclosure of information is required as it relates to a bona fide occupational/volunteer requirement and is required to assess the applicant's suitability for the position. The applicant is aware that responsibilities of the position relate to the request for *Mental Health Act* apprehension information.

OR

- does NOT require** that the OPP include information, if any is available, regarding contact with the applicant under the *Mental Health Act* in the reference check.

VERIFICATION OF PERSONAL IDENTIFICATION

- Applicant is attending an OPP Detachment to have their identification verified, **OR**
- I have viewed two valid pieces of government issued identification (photocopies attached) in the name of the applicant, one of which is valid photo ID, other than a health card or SIN card (example, driver’s licence or passport) to confirm the identity of the applicant. *(NOTE: This does not apply if applicant attends an OPP Detachment to initiate this check as OPP detachment will verify identity.)*

SIGNATURE OF REPRESENTATIVE OF ORGANIZATION REQUESTING CHECK:

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY APPLICANT:

Applicant Name: _____

I hereby declare that the information submitted on this form is true and complete. I understand that making a false statement may disqualify me from obtaining a Vulnerable Sector Check Certificate, and may subject me to criminal charges or other legal liability.

I HEREBY AUTHORIZE, AND CONSENT TO, FULL DISCLOSURE OF THE FOLLOWING INFORMATION AND RECORDS BY THE OPP, AND BY ANY OTHER POLICE AGENCY IN CANADA TO WHICH A COPY OF THIS FORM IS PROVIDED:

- Criminal record (including youth records that are disclosable, pursuant to the *Youth Criminal Justice Act*);
- Pardoned sexual offences (see “Consent to Pardoned Sexual Offence Check”, below);
- Findings of not guilty by reason of mental disorder;
- Probation, prohibition and other judicial orders, which are in effect;
- Details of incidents that may assist an agency in making an informed decision, including investigations where either no charges were laid or there was no finding of guilt; and/or
- Contacts with the police under the *Mental Health Act* (if requested).

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED. *(Not applicable for persons under 18 years of age)*

I consent to the OPP searching the automated criminal conviction records retrieval system, maintained by the Royal Canadian Mounted Police (RCMP) to determine whether I have been convicted of a sexual offence listed in the Schedule to the *Criminal Records Act*, for which a pardon has been granted/issued. I understand that, if a check indicates a possible match between me and a person with a criminal conviction or pardoned sexual offence of a similar name and date of birth, the OPP must verify the match to either confirm or exclude me, and will ask me to attend for fingerprinting. **If I choose not to provide fingerprints, the OPP will not issue a Vulnerable Sector Check Certificate and will notify the requesting organization that I have withdrawn from the process.**

I also understand that if I do provide fingerprints and my fingerprints match those of the pardoned sexual offender, then in accordance with the *Criminal Records Act*,

- i) The OPP will request the Commissioner of the RCMP to provide the record to the Minister of Public Safety;
- ii) The Minister may disclose all or part of the information contained in the record to the OPP.

I understand that I have the right to refuse consent for a Vulnerable Sector Check. I consent to the OPP conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Check.

Applicant’s Signature: _____ **Date:** _____

LE225 October 2010

FIPPA
 Personal Information is collected under the authority of s. 39(1)(b) and s. 42(1)(b) of the *Freedom of Information and Protection of Privacy Act* for the purpose of enabling the Ontario Provincial Police to conduct the security clearance investigation authorized in this form. If you have any questions or comments about any part of this form, please contact the Ministry of Community Safety & Correctional Services FOI designate at 1-705-494-3080.

Acceptable Forms of Identification

****Health Cards cannot be accepted for identification purposes under the Health Cards and Numbers Control Act, 1991 section 2.2(1).**

The following are acceptable forms of ***PHOTO IDENTIFICATION***:

1. Driver's Licence (including drivers licenses issued by another province, territory, or a foreign jurisdiction)
2. Canadian National Institute of the Blind (CNIB) Identification Card
3. BYID Card
4. Canadian Military Employment Card or Canadian Military Family Identification Card
5. Canadian Citizenship Card
6. Certificate of Indian Status Card
7. Canadian or Foreign Passport
8. Permanent Residency Card
9. PAL-Possession & Acquisition Licence

The following are acceptable forms of ***NON-PHOTO IDENTIFICATION***:

1. Birth Certificate
2. Baptismal Certificate
3. Hunting Licence
4. Outdoors Card
5. Canadian Blood Donor Card
6. Immigration Papers