



SASKATOON POLICE SERVICE
*Read and fill out application in full. Print clearly. ** black or blue ink only. ***

BASIC CRIMINAL RECORD CHECK

Last Name		First Name		Middle Name(s)	
Any Other Name(s) Used		Date of Birth (year/month/day)		Gender	Place of Birth
Address (must be a resident of Saskatoon with proof of address) Saskatoon, SK			Postal Code	Years lived in Saskatoon	Phone #
Past Address History - ONLY fill out if resided OUTSIDE Saskatoon in the past 5 years					
1. City: _____		Prov: _____		Country: _____	
2. City: _____		Prov: _____		Country: _____	
Do you have a Criminal Record? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, fingerprints may be required for identification purposes. This may delay results.					
Reason for Record Check					
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Coach	<input type="checkbox"/> Adoption	<input type="checkbox"/> Practicum/Unpaid	<input type="checkbox"/> Name Change	
<input type="checkbox"/> Employment	<input type="checkbox"/> Immigration	<input type="checkbox"/> Record Suspension	<input type="checkbox"/> Travel	<input type="checkbox"/> Fostering	<input type="checkbox"/> Student Placement
Company/Organization/School requesting				Job/Volunteer Title, School Program	
Identification presented (MUST BE physically present)					
Photo ID _____			Secondary ID _____		

AUTHORIZATION, RELEASE AND CERTIFICATION

- I hereby authorize the **SASKATOON POLICE SERVICE** to conduct a search based on the name(s), date of birth and declared criminal record history, to obtain the information required to complete the criminal record check and disclose such information to me. This may include, but may not be limited to, a search of the Saskatoon Police Service Information Management System (SIMS), the RCMP National Repository of Criminal Records, the Canadian Police Information Centre (CPIC) information system which includes the CPIC Identification, Intelligence and Investigative Data Banks, the Police Information Portal (PIP), and records management systems of other police services.
- I hereby authorize the **SASKATOON POLICE SERVICE** to inquire into and disclose the results of any police record checks to me including: criminal convictions (summary and indictable); absolute and conditional discharges; cases of not criminally responsible for reasons of mental disorder; and outstanding entries such as charges, judicial orders, probation and prohibition orders.
- I hereby release and discharge the **SASKATOON POLICE SERVICE** and all members and employees of the **SASKATOON POLICE SERVICE** from any and all actions, claims, demands for damages, losses or injuries howsoever arising which may be sustained by me as a result of the disclosure of the information to me, or to the Organization or Person referred to above if I answered YES in paragraph 7, by the **SASKATOON POLICE SERVICE**.
- I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this application, understand it, and agree to it in its entirety.
- The information collected on this form and as part of the Criminal Record Check Process will be collected, used, and disclosed in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*, or as otherwise authorized by law.
- I understand that the prescribed fee is non-refundable.
- ONLY ANSWER THIS QUESTION IF YOUR APPLICATION IS BEING SUBMITTED BY THE ORGANIZATION LISTED ABOVE**
I authorize the **SASKATOON POLICE SERVICE** to provide the results of the criminal record check directly to the Organization or Person requesting the criminal record check (referred to above). YES NO

Date: _____ Signature: _____

For Vulnerable Sector Check, complete the form on the back.

BELOW FOR POLICE USE ONLY

KO:	FPS:	KEY:	CPIC:
Receipt #:	Amount: \$	Copies:	M/O or P/U
Type:	Clerk:	Date:	



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VULNERABLE SECTOR CHECK

Consent for a Criminal Record Search for a Sexual Offence for which a Record Suspension (formerly called a Pardon) has been granted or issued

This Form must accompany the Saskatoon Police Service Basic Criminal Record Check Form.
Applicant must be 18 years of age or older to apply.

This Form must be accompanied by a letter from the requesting Organization or Person referred to in the Basic Criminal Record Check Form which contains the following:

- (a) confirmation that the Organization or Person is responsible for the well-being of a child, children, or vulnerable person(s);
- (b) the type of vulnerable person(s) the Organization or Person is responsible for (e.g. elderly, physically disabled, mentally disabled, etc.);
- (c) information to establish that the paid or volunteer position is one of trust or authority towards the child, children, or vulnerable person(s).

Even though an Organization or Person is responsible for the well-being of a child or vulnerable person, not every applicant for a paid or volunteer position will qualify for a Vulnerable Sector Check. The position must be one of trust or authority towards the child or vulnerable person. Being in a position of trust or authority is more than just having incidental contact with a child or vulnerable person.

The Saskatoon Police Service will make the final determination if the position meets the requirements for the Vulnerable Sector Check as per the *Criminal Records Act*, before the Vulnerable Sector search is conducted.

I have read the above ____ (Initials).

CONSENT, AUTHORIZATION AND RELEASE

Type of vulnerable person(s): Children/Youth Elderly Mental Disability Physical Disability Other

1. I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and have been granted or issued a record suspension (formerly called a pardon) for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.
2. 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 to the *Criminal Records Act* 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 and Emergency Preparedness, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the organization or person that requested the Vulnerable Sector Check, that information will be disclosed to that organization or person by the Saskatoon Police Service.
3. I consent to the **SASKATOON POLICE SERVICE** providing the results of the Vulnerable Sector Check directly to the requesting Organization or Person referred to in the Basic Criminal Record Check form accompanying this form and hereby authorize the **SASKATOON POLICE SERVICE** to do so.
4. I hereby release and discharge the **SASKATOON POLICE SERVICE** and all members and employees of the **SASKATOON POLICE SERVICE** from any and all actions, claims, demands for damages, losses or injuries howsoever arising which may be sustained by me as a result of the disclosure of the information to me, or to the requesting Organization or Person referred to in the Basic Criminal Record Check form, by the **SASKATOON POLICE SERVICE**.
5. I understand that I may be required to provide my fingerprints to confirm my identity.
6. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this application, understand it, and agree to it in its entirety.
7. The information collected on this form and as part of the Vulnerable Sector Check Process will be collected, used, and disclosed in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*, or as otherwise authorized by law.
8. I understand that the prescribed fee is non-refundable.

Date: _____

Signature: _____

Printed Name: _____