

Criminal Records Check Instructions

Dear CCS Volunteer,

Thank you for your interest in volunteering at Cloverdale Catholic School. We appreciate your help. Please keep in mind that you only need to fill out a criminal records check if:

- You are helping in the school during school hours.
- You are helping children with a school activity (soccer coach etc.) after school hours
- You are driving children other than your own to any school activity.
- You have not had a criminal records check through Cloverdale Catholic School in the last 5 years. (If you are unsure please call the office.)

We cannot accept criminal records checks that you have already done through another organization.

We are now set up ONLINE for our criminal records checks. This makes it a painless and convenient process for parents. If you fit the above criteria to volunteer, apply here:

<https://justice.gov.bc.ca/criminalrecordcheck>

Access Code: 6YT6KZEKY2

Please note that it will take about 7 - 14 days before the office will receive your online application. It is MANDATORY for all volunteers to secure a criminal record check before volunteering.

If you have not filed for a CRC application and you would need to volunteer **ASAP** (e.g. driving children to any school activity), the other option is to apply in person either in the Surrey or Langley Detachment (You must go to the detachment in the city in which you live). Processing is faster if done in person. It is your responsibility to inquire when you will receive/pick up the copy.

Please bring an applicable ID you can present and the Volunteer Letter and CRC application forms below.



CLOVERDALE CATHOLIC SCHOOL

17511 59th Avenue, Surrey, B.C.
Phone: 574-5151 Fax: 574-5160
Email: office@cloverdalecatholicsschool.ca
Web site: cloverdalecatholicsschool.ca

September 2021

Royal Canadian Mounted Police
Surrey Detachment
14355 - 57th Avenue
Surrey, BC
V5X 1A9

Royal Canadian Mounted Police
Langley Detachment
22180 - 48A Avenue
Langley, BC
V3A 887

RE: Volunteer Background Checks
(Criminal Records Checks, and Records Check Regarding Sexual Offences for which a Pardon has been granted)

Dear Sir/Madam,

Cloverdale Catholic School is an Independent Catholic School and operates under the provisions of the Ministry of Education and Archdiocese of Vancouver. Parent volunteers are an integral part of the operation of our school and are a vital link in supporting the educational program of the school. The primary responsibility of parent volunteers is to support the supervision of students, whether at lunch break (12:00 to 12:30), in the library, in the classroom, on field trips or in extra-curricular sports. All parent volunteers who are involved with or responsible for children agree to have suitable background checks conducted by Surrey, Langley or White Rock RCM Police.

Having completed Consent for Disclosure of Criminal Record Information and Consent for a Criminal Record Check for a Sexual Offence for which a Pardon has been Granted or Issued, the adult volunteer applicant who has attended your Detachment with this letter with suitable identification in hand, agrees to all required background checks being conducted.

As these background checks are required for a volunteer position within the school, Cloverdale Catholic School understands that processing or administrative fees normally associated with this service are waived by your Detachment.

All information received as a result of the foregoing will be treated confidentially by Cloverdale Catholic School. It is requested that results of completed background checks be delivered directly to the undersigned since results delivered or communicated by volunteer applicants will be considered invalid. If you require further clarification, please contact the Principal, Jason Borkowski at 604-574-5151.

Thank you for your attention to this matter.

Sincerely,

Mr. Clive Heah,
Principal



How to fill out your Police Information Check

Before you begin, please ensure you meet all of the following requirements:

You have been asked by your organization to obtain a *Police Information Check* (PIC) or a *Police Information Check with Vulnerable Sector* (PIC-VS) from your local police department (see below for information on Vulnerable Sector checks).

- **You are a Surrey resident.** If you do not live in Surrey or cannot confirm your Surrey address via your ID, we cannot process your application.
- **Surrey residents must attend in person** at the front counter of the Main Detachment or our District Offices in Guildford/Fleetwood, Newton or City Centre/Whalley.
- **You have two (2) valid pieces of government identification (ID):**
 - Two of the following: Driver's licence, Passport, Nexus Card, Birth Certificate, Firearms Licence, BCID, Service Card (if not attached to Driver's Licence), Status Card, P.R. Card, Citizenship Card;
 - One piece of ID must have a photo, and both pieces of ID must have your date of birth (DOB);
 - Your name must match on both pieces of ID;
 - Your Surrey address on your ID must match the address on your application.

Let's get started

- Please fill out all of the boxes outlined in RED.
- Please refer to the sample applications as a guide to ensure you fill out your forms correctly
*You will have to print your application and attend our offices (as noted above) to start the process.

Fees

- Paid employment: \$83.00 (plus \$25 if fingerprints required for a [Vulnerable Sector Check](#)); \$15.50 per additional copy
- Volunteer work: Free with official letter from volunteer agency
- Methods of payment: Cash, debit, credit

What are Vulnerable Sector checks?

Vulnerable Sector checks are required when a person is in a position of authority or trust over children, seniors or vulnerable persons.

The decision to request a Vulnerable Sector check is made by the hiring company or volunteer organization. Some clients will be required to have their fingerprints taken as part of this check. In order to complete the check, the following information is required on the second page of the application form:

- Description of the position
- Name of the organization
- Details about the children or vulnerable person(s) and age(s)

*If the position is a volunteer role, a letter is required from the organization stating the person will not be paid for this position.



Police Information Check

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, or if a "Duty to Warn" arises).

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 Other
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

PREVIOUS ADDRESS (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.

Signature of Applicant

Date Signed

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

Signature of Applicant

Date signed

Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Surrey Royal Canadian Mounted Police (RCMP) and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City of Surrey / Royal Canadian Mounted Police, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

*****FOR OFFICE USE ONLY*****				
QUERY TYPE	Queried by:	Negative	Attached	Date
CPIC				
PRIME				
PIP/LEIP				
JUSTIN				
VS – FP REQ.				

NOTES (office use only):