



March 24, 2009

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 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. Which must be completed in its entirety and signed by a member of the requesting agency. (Sample included on page 6).
- 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).
- If the applicant does not have picture identification they will have to get the attached Affidavit of Identity letter completed by the proper people and bring that along with their application
- We do not accept police clearance applications for anyone under the age of 16.
- We do not check the pardon sex offender database on anyone under the age of 18.
- 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 noted on their clearance, they will be notified to pick it up on their own.

Please see attached the applications:

<b>Document</b>	<b>Use if...</b>	<b>Page</b>
Release and Discharge Relating to Consent to Disclosure of Criminal Record Information	Need general criminal reference check (i.e. not working with vulnerable sector).	3
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
Affidavit of Identity	Must be accompanied when searching vulnerable sector. Except when under the age of 18.	9

**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



Police  
provinciale  
de l'Ontario

## Release and Discharge Relating to Consent to Disclosure of Criminal Record Information

Surname Given name Middle name(s) Date of Birth (dd/mm/yy)  Male  
 Female

Previous Surnames (eg. Former marriage, maiden)

Address (number, street, apt., lot, concession, township, rural route #, city, postal code)

Occupation

I hereby authorize the Ontario Provincial Police (the OPP) to release 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, and records of outstanding criminal charges of which the OPP is aware, to the person(s) listed below.

Name	Title
Department and Branch	
Name of Organization	

### 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 to the above named organization.

I acknowledge that information so disclosed may be confirmed only by a comparison of the fingerprints on file to which the information relates and my fingerprints.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

### Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person with the exception of the person(s) named above without the express written consent of the Commissioner of the OPP.

Based on a name check only, and having a birth date as provided above - a records check:

fails to reveal any record relating to the above subject.

indicates the following information may relate to the above subject.

Details cannot be certified as relating to the subject of inquiry, without a fingerprint comparison



## 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.		Sex	Area	Telephone (Res.)		Driver's Licence Number	
YY	MM	DD					
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.

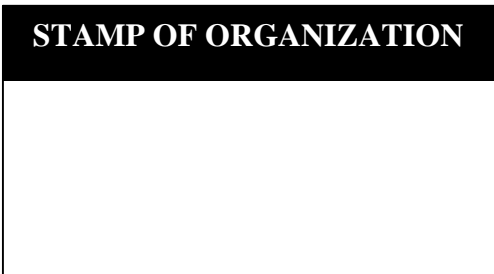
### Release and Discharge

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*



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### 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 OPP 519-728-1810, FAX # 519-728-1992**

\*\*\* This form **MUST** be **FULLY COMPLETED** by the agency \*\*\*

**Draft Agency Letter  
Request to Check Pardoned  
Sexual Offender Database**

The following format must come from the Organization to formally request a Check of the Pardoned Sexual Offender Database and accompany each completed LE220E or LE220F or be on file for a position that has continued and direct exposure to a vulnerable sector group. E.g. Boy Scout Leader. This must be on file for each request for a VS check and available for audit purposes.

***Please check one:***

- Paid Position  
 Volunteer  
 Student

***Police Record Check for persons residing in the Town of Lakeshore***

As the authorized representative of a person or organization that is responsible for the well-being of one or more children or vulnerable persons as defined in Section 6.3(1) of the Criminal Records Act (Act), I hereby request that the Ontario Provincial Police

- Conduct a search

**Pursuant to s. 6.3 of the Act with respect to the following individual(s) and/or position(s)**

Name of Person to be Searched:	
Address:	
Date of Birth:	

**Authorization Information - From Organization Requesting Search**

Organization: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## 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
2. Government Employment Card
3. Age of Majority Card
4. Military Employment Card
5. Canadian Citizenship Card
6. Indian Status Card
7. International Student Card
8. Passport
9. Permanent Resident Card
10. Firearms Acquisition Card
11. PAL-Possession & Acquisition Licence  
**(PAL is replacing the FAC)**

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

Please be advised that if an applicant does not have any photo identification we suggest that an "Affidavit of Identity" form be completed. This must be notarized by either a Judge, Notary Public, Lawyer, Doctor or Canadian Consulate Official. The guarantor must be able to confirm that the applicant is who they say they are.

AFFIDAVIT OF IDENTITY

\*Required if the applicant does not have two (2) pieces of identification, one of which has a photograph of the applicant on it. To verify that the applicant is otherwise known in the community and to satisfy the requirements of the Ontario Freedom of Information and Protection of Privacy Act.

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_) \_\_\_\_\_

COUNTRY OF \_\_\_\_\_) ( Name of Applicant)

I \_\_\_\_\_ swear, that I am the person named and  
(Applicant)  
that the following are my particulars of identity.

a) Date of Birth \_\_\_\_\_.

b) Maiden or other names used if different \_\_\_\_\_.

c) Postal address \_\_\_\_\_.

d) Street address \_\_\_\_\_.

e) City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

f) Residence phone \_\_\_\_\_ Work phone \_\_\_\_\_

g) Occupation \_\_\_\_\_.

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
Or  
Canadian Consulate Official  
Or Judge

Seal of  
Office