



CRIMINAL RECORD CHECK

Saskatoon Police Service

SP4-02

Rev: 05-10-03

LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAIDEN NAME	OTHER LAST NAMES USED	DATE OF BIRTH (Y-M-D)
GENDER: MALE / FEMALE	HOME PHONE	WORK PHONE
ADDRESS		POSTAL CODE

Reason for check:
 Employment Volunteer Coach Taxi Other

IDENTIFICATION : FILL IN MINIMUM TWO PIECES OF ID – MUST CONFIRM YOUR SIGNATURE AND DATE OF BIRTH

Drivers license #: _____ Social insurance #: _____
 Sask. Health Card #: _____ Other: _____

I, (print name) _____ do hereby request the Saskatoon Police Service to conduct a search for any criminal convictions in my name in Canada's national repository for criminal records as well as any record system maintained by the Saskatoon Police Service. If a criminal record is disclosed, I understand that details will not be released unless identification is confirmed by fingerprints.

DEFINITION OF VULNERABLE PEOPLE

“Vulnerable people” can include children, youth, senior citizens, people with physical, developmental, emotional, social, or other disabilities, but will also include people who have been victims of crime or accident, those who are addicted or dependent on addictive substances, and those who are otherwise left with little or no defense against persons who would harm them.

NOTE: “Vulnerable people” are individuals who are at greater risk of being harmed than the general population, because of their age, disability, or handicap, or circumstances, whether temporary or permanent.

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|---|-----|----|
| 1. Do you have a criminal record? (circle one) | YES | NO |
| 2. Have you ever been fingerprinted for a criminal reason? | YES | NO |
| 3. Will you be working with vulnerable people? (definition above) | YES | NO |

****IF YOU HAVE ANSWERED YES TO QUESTION #3, REGARDING VULNERABLE PEOPLE, PLEASE FILL OUT THE NEXT PAGE ****

DATE	SIGNATURE	POLICE REPRESENTATIVE
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BELOW PORTION FOR P O L I C E USE ONLY

I HEREBY AUTHORIZE Saskatoon Police Service to release the above information:

 (Name of Organization) (Date) (Signature)

LOCAL	THUMB PRINT
CPIC	
CNI	
PAID	
DATE	
KEY #	
MEMBER:	

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

*(This form is to be issued 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.)*

Identification of the Applicant

FULL NAME:		SEX:
DATE OF BIRTH	PLACE OF BIRTH:	
ADDRESS		
PHONE NUMBER (RESIDENCE)		(BUSINESS)
PREVIOUS ADDRESSES (IF ANY) WITHIN THE LAST FIVE YEARS		

Reason for the 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 persons.

Description of the paid or volunteer position: _____

The name of the person or organization is: _____

Provide details regarding the children or vulnerable persons: _____

Consent

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 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 Solicitor General 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 that information to me. If I further consent in writing to disclosure of the information to the person or organization referred to above that requested the verification, that information will be disclosed to the persons or organization.

Signature

Date

Witness