



CONSENT TO SEARCH AND DISCLOSURE OF PERSONAL INFORMATION

(Please Print In Blue Ink)

(Part 2)

Date Received table with columns YYYY, MM, DD

PD 1244 (R2010-04)B

I, _____, (name) do hereby consent to the search and disclosure by the Calgary Police Service (CPS) of the following records pertaining to me:

- Youth Criminal Record (for which a pardon has not been granted)
**Pursuant to the Youth Criminal Justice Act, the collected information can only be disclosed to the individual and not to the agency.
• Youth: Extra-Judicial Sanctions/Alternative Measures
Pre-Charge – Disclosed if in the public interest. The Calgary Police Service will make the determination on a case-by-case basis.
Post Charge – Disclosed for a 1 year period from date of completion
• Adult Criminal Record (for which a pardon has not been granted)
• Record of any Absolute Discharge (disclosed for a period of 1 year)
Conditional Discharge (disclosed for a period of 3 years)
Stay of Proceedings (disclosed for a period of 1 year)
• Adult Alternative Measures (Disclosed for a period of 1 year from the date of completion)
• Pending charges, outstanding warrants and ongoing investigations
• Probation order, prohibition orders, peace bonds, recognizance orders, and any other judicial orders which are in effect
• Record of not criminally responsible by reason of mental disorder pursuant to section 16(1) of the Criminal Code (will be disclosed only if it is determined to be in the public interest. CPS will make the determination on a case-by-case basis).
• Relevant occurrence reports – this may include any relevant occurrence which is not included in the above records or orders and which is determined by the CPS to be relevant to the position being applied for. A relevant occurrence may not have resulted in charges being laid, but will be reported if there is potential risk to public safety.
• Vulnerable Sector Record Search (pardoned sex offender) – a search will be conducted for all individuals in a position of trust that will be working or volunteering with vulnerable people.

NOTE: Police Information Checks can only provide information found at the time of the check, based on information provided by the applicant. The Calgary Police Service does not guarantee completeness of the above listed disclosures, and is limited to information available on search databases. The search does not include information found in any other jurisdiction's local police information systems; nor does it include court information from any other provinces, except convictions registered on the National Repository for Canada, and information entered onto the Canadian Police Information Centre system. THIS CHECK IS BASED ON CANADA-WIDE INFORMATION ONLY.

WHERE APPLICATION IS BEING MADE THROUGH AN AGENCY:

(Initial) In the event no information about me is found, I consent that the Calgary Police Service disclose that fact to the Agency. If information is identified, I consent that the Calgary Police Service disclose that fact, but not the specific information, to the Agency.

(Initial) I understand that any interactions I have had with police may be disclosed, including mental health occurrences, if they are deemed to be relevant.

(Initial) I understand that upon release of the above information, the Calgary Police Service waives any responsibility for the use, application or dissemination of such information by me or by the agency.

(Initial) I agree to waive and forever discharge the Chief of Police and the Calgary Police Service (CPS) from all manner of actions, causes of action, proceedings, claims, losses, damages, demands and expenses of whatsoever kind which may be brought or made against the CPS or which the Chief or the CPS may suffer, sustain or pay as a result of, or connected to, the search, collection and release of this information.

PLEASE SIGN IN FRONT OF: POLICE INFORMATION CHECK UNIT STAFF / OR AGENCY CONTACT PERSON. I understand that any specific disclosure information will only be released to me.

Applicant Signature

Date



A. APPLICANT INFORMATION

PLEASE PRINT CLEARLY IN BLUE INK & FILL OUT COMPLETELY

1) Your Current Family LAST NAME:			
First Name	Middle Name(s)	Alias/Nickname/Preferred Name	
2) Have you used any other names? Birth, married, previous names or legally changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes', Provide Other Names below _____ _____		3) Date of Birth YYYY MM DD	4) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
		5) Place of Birth (City / Province/State / Country)	
		6) Phone numbers Residence () Work ()	Cell ()
7) How long have you lived in Calgary?		If less than one year, where did you previously reside?	
8) Your current residing address Apt# and Street Address		9) Your mailing address (if different) Apt# and Street Address	
City/Town	Province	Postal Code	
City/Town	Province	Postal Code	
10) This POLICE INFORMATION CHECK is for <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Adoption <input type="checkbox"/> Immigration <input type="checkbox"/> Other (specify) _____ (With What Agency) _____		11) If Police Information Check is for employment or to volunteer - please provide job description. If for other purpose, specify reason: _____	
12) Practicum <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Specify Institution _____		13) I will be working/volunteering with: <input type="checkbox"/> Disabled <input type="checkbox"/> Children/Youth <input type="checkbox"/> Elderly <input type="checkbox"/> Patients <input type="checkbox"/> N/A	CPS Use Only <h1 style="font-size: 2em;">VS</h1>
14) Have you ever been fingerprinted for a CRIMINAL OFFENCE IN CANADA for which you have not received a pardon? <input type="checkbox"/> NO <input type="checkbox"/> YES		The information provided is correct: Applicant Signature _____ Date Signed YYYY MM DD	
(Must sign before Police Counter Personnel or Agency Contact)			

B. AGENCY SECTION ONLY
 *If submitted by an Agency, this form MUST include photocopies of applicant's identification

Agency Name	Agency Contact (print)	Agency Witness Signature
Volunteer Alberta VOAN # _____ (Voluntary Organization Authorization Number)		

DO NOT WRITE BELOW THIS LINE - CALGARY POLICE SERVICE AREA ONLY

Information Taken by: _____ VS CHECK COMPLETED Applicant Checked by: _____

CPIC / PERS / CNI	JOIN/PENDING	PIMS

FINGERPRINTS
