



TORONTO POLICE SERVICE

POLICE REFERENCE CHECK PROGRAM

*****CONSENT TO DISCLOSURE OF PERSONAL INFORMATION*****

TO BE USED ONLY TO ASSIST THE AGENCY TO DETERMINE THE SUITABILITY OF SUCCESSFUL CANDIDATES FOR EITHER FULL OR PART-TIME EMPLOYMENT AND/OR VOLUNTEER DUTIES, (INCLUDING AGENCY BOARD MEMBERS AND CONTACT MEMBERS) HAVING DIRECT CONTACT WITH CHILDREN OR VULNERABLE PERSONS.

SURNAME		GIVEN NAMES			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)		DATE OF BIRTH	YY	MM	DD
PLACE OF BIRTH	SEX	(AREA CODE) TELEPHONE # (RES.)	DRIVER'S LICENCE NUMBER		
NUMBER	STREET	APT/UNIT #	CITY	POSTAL CODE	YEARS AT THIS ADDRESS:

*** (PROVIDE PREVIOUS ADDRESSES IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)

NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:
NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:
NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:

REASON FOR REQUEST:				OTHER
<input type="checkbox"/> INHOME PLACEMENT	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> (PLEASE SPECIFY)	

WAIVER & RELEASE

I HEREBY REQUEST THE TORONTO POLICE SERVICE TO UNDERTAKE A POLICE REFERENCE CHECK ON ME BY SEARCHING ALL RECORD DATABASES IDENTIFIED IN THE MEMORANDUM OF UNDERSTANDING, AND PROVIDE ME WITH A SUMMARY OF ANY INFORMATION REVEALED PURSUANT TO THE POLICE REFERENCE CHECK PROGRAM. IN THE EVENT NO INFORMATION ABOUT ME IS FOUND AS PART OF THAT CHECK, I CONSENT TO THE TORONTO POLICE SERVICE DISCLOSING THAT FACT TO THE ORGANIZATION IDENTIFIED BELOW. IN THE EVENT THAT PERTINENT INFORMATION IS PROVIDED TO ME, I CONSENT TO THE TORONTO POLICE SERVICE DISCLOSING THAT FACT TO THE ORGANIZATION IDENTIFIED BELOW.

I ALSO CONSENT TO A SEARCH BEING MADE IN THE AUTOMATED CRIMINAL RECORDS RETRIEVAL SYSTEM MAINTAINED BY THE RCMP 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. IF I AM SUSPECTED OF BEING THE PERSON NAMED IN THE CRIMINAL RECORDS 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, I WILL BE REQUESTED TO PROVIDE FINGERPRINTS TO CONFIRM THAT RECORD AND THAT RECORD MAY BE PROVIDED BY THE COMMISSIONER OF THE RCMP TO THE SOLICITOR GENERAL OF CANADA, WHO MAY THEN DISCLOSE ALL OR PART OF THE INFORMATION CONTAINED IN THAT RECORD TO THE TORONTO POLICE SERVICE OR OTHER AUTHORIZED BODY. I UNDERSTAND THAT THE TORONTO POLICE SERVICE WILL THEN DISCLOSE THAT INFORMATION TO ME AND THE AGENCY FOR VIEWING AS PART OF THE DETERMINATION AS TO MY SUITABILITY FOR THE POSITION I AM APPLYING FOR.

NAME OF AGENCY: Ontario Special Olympics

SIGNATURE OF APPLICANT _____

SIGNATURE OF WITNESS _____

SIGNED THIS _____ DAY OF _____, 20__

Tracie Napoli 416 447-8326 x 230
Name of Contact Person & Phone Number

PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND DISCLOSED PURSUANT TO THE POLICE SERVICES ACT, THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND THE CRIMINAL RECORDS ACT AND WILL BE USED TO DISCLOSE PERSONAL INFORMATION ONLY TO THE PERSONS OR AGENCY SO DESIGNATED BY THE WRITTEN CONSENT OF THE APPLICANT. QUESTIONS SHOULD BE DIRECTED TO: POLICE REFERENCE CHECK PROGRAMME, (416)808-7991. MAIL OR HAND DELIVER WAIVER TO POLICE REFERENCE CHECK PROGRAM, TORONTO POLICE SERVICE, 40 COLLEGE ST., 4TH FLOOR, TORONTO, ONT. M5G 2J3. THIS INFORMATION MAY OR MAY NOT PERTAIN TO THE SUBJECT OF THIS INQUIRY. POSITIVE IDENTIFICATION CAN ONLY BE CONFIRMED THROUGH SUBMISSION OF FINGERPRINTS.