



St. Patrick's School

241 Stratton Way SE Medicine Hat, AB T1B 3Z2

Fax (403) 527-0985

www.mhcbe.ab.ca/st_patricks

Telephone (403) 527-1177

Re: **School Volunteer Criminal Check Request**

Name _____ (please print)

The above noted has applied to become a volunteer at St. Patrick's School. As they may be in contact with children either alone or in groups, they will require a Criminal Check which must include the Vulnerable Sector (Intervention Check).

Please contact me at St. Patrick's School if you have any questions.

Respectfully,

Dwayne Unreiner
Principal – St. Patrick's school

Email: dwayne.unreiner@mhcbe.ab.ca

Phone: 403-527-1177 (work) Ext: 2102 or 403-580-0339 (cell)

As a volunteer we advise you of the following conditions:

1. Principals are responsible for all volunteers present in the school or performing volunteer activities for the school while not on school premises. All volunteers are subject to the direction of the principal at all times.
2. Volunteers shall at all times act in accordance with Division policies and regulations, school policies and rules and will conduct themselves in such a manner in keeping with the Division's core values.
3. Any information collected, used, generated and stored by Medicine Hat Catholic Schools including student, instructional, financial or administrative information is strictly confidential and to be used only in the performance of volunteer duties.
4. Volunteers may not disclose, communicate, publish, take, alter, copy, interfere with or destroy any information unless you are specifically authorized to do so by the principal.
5. All volunteers are required to complete the Volunteer Registration form once every three years, prior to commencing any activities in the school.
6. All volunteers who may be engaged in the following activities shall be required to provide a Police Information Check and an Intervention Record Check prior to assuming any volunteer duties.
 - 6.1 Involvement with sports teams;
 - 6.2 Overnight field trips;
 - 6.3 Activities involving the supervision of students where Division staff members are not in attendance at all times; or,
 - 6.4 Driving students in Division or Non-Division owned vehicles.
7. All volunteers are to register with the school office at the beginning of each day, and while engaged in volunteer activities, will wear appropriate identification.
8. If a volunteer is charged with a criminal offence during the course of volunteering, the volunteer must immediately notify the principal of the school of all charges laid, excluding minor traffic offences.
9. Failure to comply with any of these conditions may result in termination of a volunteer's duties.

Have you completed a Police Information Check (PIC)? _____ (Yes or No)

Do you have a criminal record for which you have not received an official pardon?
_____ (Yes or No)

Have you completed a Child Services Intervention Record Check (CSIRC)?
_____ (Yes or No)

Have you ever been investigated by Children and Youth Services? _____ (Yes or No)

Signed this _____ day of _____, 20_____.

Signature

Print Name

Parent/Guardian Signature (if volunteer is under 18 years of age)

Signature

Print Name

Reference Section 20, 27, 60, 61, 113 School Act, Freedom of Information and Protection of Privacy Act



**Police Information Check (PIC)
Children Services Intervention Record Check (CSIRC)**

Medicine Hat Catholic Board of Education requires two documents for:

Name of School Volunteer: _____

Volunteer Position: _____

School Name: _____

1. **Medicine Hat Catholic Board of Education requires a Police Information Check (PIC) including the Vulnerable Sector Record Check. This is completed by the Medicine Hat Police Service by attending at the following address:**

Medicine Hat Police Service
884 – 2nd Street SE
Medicine Hat, Alberta
T1A 8H2

Two pieces of government issued identification must be provided.

- **One Picture I.D.** such as: Provincial Driver’s License, Passport, Citizenship Card, Motor Vehicle Registry Photo ID Card, Native Status Card etc.
- **One Other I.D.** such as: Birth Certificate, Alberta Health Care Card, Immigration Documentation or Marriage Certificate.

Volunteer Fee \$15.

2. **Medicine Hat Catholic Board of Education requires a **CHILDREN SERVICES INTERVENTION RECORD CHECK (CSIRC)** by applying in person at the following address:**

The Provincial Building
#101 – 346 – 3rd Street SE
Medicine Hat, Alberta
T1A 0G7
403.529.3753

No Fee.

Please provide this letter to the appropriate agency as an indication of your request to volunteer in our school division. This letter indicates that you may be volunteering with children under the age of 18 years of age, on a group or individual basis.

Principal’s Signature: 

Contact Phone: 403-580-0339

Date: Sept. 20/2020



POLICE INFORMATION CHECK

Application Form must be completed in Full before your request will be processed

UNCLAIMED CERTIFICATES WILL BE DESTROYED AFTER 90 DAYS

Information collected as a result of this Police Information Check will only be released to the person making the application. Photo identification is required to pick up your Police Information Check. No refunds.

Last Name:		Given Name:		Middle Name	Alias/Nickname/Preferred Name
Previous Last Names: (Maiden Name, Name Change etc.)			Date of Birth		Female: <input type="checkbox"/> Male: <input type="checkbox"/>
			Year	Month	Day
Street Address		City		Postal Code	Place of Birth (Province / Country)
Home Phone		Cell Phone		Email	

Previous Address (if any) within the last 5 years – lived in for more than 5 months (City/Province only) None:

This Police Information Check is for: Employment Immigration Record Suspension Waiver Travel Adoption
Volunteer (Volunteer Letter Attached) Other (Please indicate) _____

If Police Information Check is for employment or volunteer, please provide position: _____

Employer/Organization requesting this check: _____

Vulnerable Clientele Duties: _____

Have you been fingerprinted for a **CRIMINAL OFFENCE IN CANADA** for which you have not received a Pardon? Yes No

CONSENT FOR PERSONS APPLYING FOR POSITIONS WITHIN THE VULNERABLE SECTOR
(Example: teacher, coach, foster parent, nurse, doctor, security guard, caregiver, etc.)

This area must be completed if you are 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 of authority or trust relative to those children or vulnerable persons, and you consent to a search being made in criminal records to determine if you have been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and have been pardoned.

*Children, as defined by the *Criminal Records Act*, means persons who are less than 18 years of age.

**Vulnerable persons, as defined by the *Criminal Records Act*, means persons who, because of their age, a disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general population of being harmed by persons in authority or trust to them

Description of the position: _____

Provide details regarding the children or vulnerable persons: (example: age, number of persons or nature of vulnerability etc.) _____

I consent to a search being made in the automated criminal records retrieval system maintained by the RCMP to determine if I have been found guilty or convicted or have 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 RCMP to the Solicitor General of Canada, who may then disclose all or part of that information contained in that record to a police service or other authorized body. That police service or other authorized body will then disclose that information to me.

Dated this _____ day of _____ 20____ Signature _____

Verification of Identification

TWO PIECES OF ORIGINAL & CURRENT GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH ARE REQUIRED. ONE MUST CONTAIN YOUR PICTURE

ID Type & Number: _____ VERIFIED BY: _____

ID Type & Number: _____

The personal information collected on this form, including your name, address, birthdate and phone number is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) of Alberta. If you have any questions about the collection or use of this information, contact *MHPS* FOIP Coordinator.

I, _____, hereby consent to the collection and disclosure by the Medicine Hat Police Service of:

(Print Name)

- Criminal Record (Adult)
- **Criminal Record (Young Person)**
- Absolute and / or Conditional Discharges
- **Alternative Measures and / or diversion involvement**
- Records of not criminally responsible by reasons of mental disorder pursuant to Sec. 16(1) of the Criminal Code of Canada
- **Pending charges**, warrants and ongoing investigations under provincial and federal statutes
- **Relevant information and criminal history from Police Files, from any law enforcement agency, Canadian or otherwise**
- Probation, prohibition and other judicial orders which are in effect
- **Record Suspension (Pardon)**

NOTE: *Police Information Checks can only provide information found at the time of the check, based on information provided by the applicant. The Medicine Hat 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 into the Canadian Police Information Centre system. THIS CHECK IS BASED ON CANADA WIDE INFORMATION ONLY.*

YOUNG OFFENDER INFORMATION: The Youth Criminal Justice Act/Young Offenders Act makes it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record MUST be given to the requester. Individuals can disclose their own information. I request that the Medicine Hat Police Service provide me with a summary of the Police Information Check. I further understand that, upon release of such information, the Medicine Hat Police Service waives any responsibility for the use, application or dissemination of such information by me.

WAIVER: In consideration of compliance with the foregoing authorization, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge the Medicine Hat Police Service, the Medicine Hat Police Commission, the Chief of Police, the City of Medicine Hat and all their employees, agents, officers, assigns, representatives and successors, of and from any and all liability for such disclosure, including all claims, demands, damages, costs, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage of any nature which may be sustained by me or by any other person, howsoever caused or arising, including but not limited to negligence, as a result of, or connected to, the release of this information, and I further waive all rights, present or future, relating to the release of information set out herein. I understand that any information provided by me for the purpose of this Police Information Check, including fingerprints, may be used or disclosed for law enforcement purposes. The information collected on this form and as part of the Police Information Check process will be collected, used, and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* or as otherwise provided by law.

Before signing this Police Information Check waiver, I have fully informed myself of its content and meaning, and understand its content and meaning. I acknowledge that written documentation containing my criminal record will require fingerprint classification comparison before it can be released.

Signature of Applicant: _____ Date: _____