

## REQUEST FOR VULNERABLE SECTOR CHECK

### THIS FORM MUST:

- originate from the organization requesting a check of the Pardoned Sexual Offender Database; and
- accompany each completed Request to Consent of Personal Information LE220E or LE220F
- be kept on file (originals by the OPP and copies by the Organization) for each request for a Vulnerable Sector (VS) check and be available for audit purposes for at least two years

### TO BE COMPLETED BY REQUESTING ORGANIZATION:

Reason for Request:                      Employment                      Volunteer

Requesting Organization:

Contact Name at Organization

Telephone #

Applicant Name

Position Being Applied For

### **IN WHICH VULNERABLE SECTOR(S) WILL THE APPLICANT BE WORKING?**

According to the Criminal Records Act, Section 6.3, "vulnerable persons" means persons who, because of their age, a disability or other circumstances, whether temporary or permanent,

(a) are in a position of dependence on others; or

(b) are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.

Children, under the age of 18

Elderly

Disabled

Other circumstances. Please specify the circumstances that require a Vulnerable Sector Check.

### **CONTACT WITH THE ONTARIO PROVINCIAL POLICE (OPP) UNDER THE *MENTAL HEALTH ACT***

The following section must be completed by an individual with the authority of the requesting organization.

I,  
(Print name of representative authorized to bind requesting organization),

**CERTIFY THAT**

(Print organization name)

**requires** the OPP include information about the applicant's contact with the OPP under the *Mental Health Act*, if any, in the Vulnerable Sector Check check. The result will be provided to the applicant. I certify that the disclosure of information is required as it relates to a bona fide occupational/volunteer requirement and is required to assess the applicant's suitability for the position. The applicant is aware that responsibilities of the position relate to the request for *Mental Health Act* apprehension information.

**OR**

**does NOT require** that the OPP include information, if any is available, regarding contact with the applicant under the *Mental Health Act* in the reference check.

## VERIFICATION OF PERSONAL IDENTIFICATION

Applicant is attending an OPP Detachment to have their identification verified, **OR**

I have viewed two valid pieces of government issued identification (photocopies attached) in the name of the applicant, one of which is valid photo ID, other than a health card or SIN card (example, driver's licence or passport) to confirm the identity of the applicant. **(NOTE: This does not apply if applicant attends an OPP Detachment to initiate this check as OPP detachment will verify identity.)**

## SIGNATURE OF REPRESENTATIVE OF ORGANIZATION REQUESTING CHECK:

SIGNATURE:

DATE:

## TO BE COMPLETED BY APPLICANT:

### Applicant Name:

I hereby declare that the information submitted on this form is true and complete. I understand that making a false statement may disqualify me from obtaining a Vulnerable Sector Check Certificate, and may subject me to criminal charges or other legal liability.

## I HEREBY AUTHORIZE, AND CONSENT TO, FULL DISCLOSURE OF THE FOLLOWING INFORMATION AND RECORDS BY THE OPP, AND BY ANY OTHER POLICE AGENCY IN CANADA TO WHICH A COPY OF THIS FORM IS PROVIDED:

- Criminal record (including youth records that are disclosable, pursuant to the *Youth Criminal Justice Act*);
- Pardoned sexual offences (see "Consent to Pardoned Sexual Offence Check", below);
- Findings of not guilty by reason of mental disorder;
- Probation, prohibition and other judicial orders, which are in effect;
- Details of incidents that may assist an agency in making an informed decision, including investigations where either no charges were laid or there was no finding of guilt; and/or
- Contacts with the police under the *Mental Health Act* (if requested).

## **CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED.** (Not applicable for persons under 18 years of age)

I consent to the OPP searching the automated criminal conviction records retrieval system, maintained by the Royal Canadian Mounted Police (RCMP) to determine whether I have been convicted of a sexual offence listed in the Schedule to the *Criminal Records Act*, for which a pardon has been granted/issued. I understand that, if a check indicates a possible match between me and a person with a criminal conviction or pardoned sexual offence of a similar name and date of birth, the OPP must verify the match to either confirm or exclude me, and will ask me to attend for fingerprinting. **If I choose not to provide fingerprints, the OPP will not issue a Vulnerable Sector Check Certificate and will notify the requesting organization that I have withdrawn from the process.**

I also understand that if I do provide fingerprints and my fingerprints match those of the pardoned sexual offender, then in accordance with the *Criminal Records Act*,

- i) The OPP will request the Commissioner of the RCMP to provide the record to the Minister of Public Safety;
- ii) The Minister may disclose all or part of the information contained in the record to the OPP.

I understand that I have the right to refuse consent for a Vulnerable Sector Check.

I consent to the OPP conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Check.

**Applicant's Signature:**

**Date:**