

Victoria Police Department Police Information Check

250-995-7314 or crcinfo@vicpd.ca

ictoria Police Dept Use Only
og/file #:
Received by:
Received at:

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	•		Number:				
Type of ID Produced:			Number:				
INSTRUCTIONS FOR COMPLETION (PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT) Please complete clearly in ink You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present: Any applicable fee (see website for costs and payment options). One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth. If you are unable to provide proper identification the police agency cannot complete your check. Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or US records, traffic tickets, or municipal bylaw offences.							
The results of this check will not be forwarded to a third party (with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).							
PART I – PERSONAL INFORMATION (COMPLE	TED BY A	APPLICANT)				
LAST NAME	FIRST N	FIRST NAME MIDDLE NAME(S)			1E(S)		
PREVIOUS NAMES (including name changes and b	oirth/maio	den name)				SEX (circle one) M F	
DATE OF BIRTH (YYYY/MM/DD)	PLACE (OF BIRTH:					
ADDRESS (Apartment, street # and name)		CITY			PROV	POSTAL CODE	
PHONE NUMBER (residence)		PHONE N	NUMBER (cell)				
PREVIOUS ADDRESS (LIST ALL ADDRESSES WI	THIN TH	E LAST FIV	E YEARS)			*Check Completed (office use only)	
STREET NAME:		CITY:		PROVINCE:		□ yes □ no	
STREET NAME:		CITY:		PROVINCE:		□ yes □ no	
STREET NAME:		CITY:		PROVINCE:		□ yes □ no	
STREET NAME:		CITY:		PROVINCE:		□ yes □ no	
STREET NAME:		CITY:		PROVINCE:		□ yes □ no	
REASON FOR APPLICATION (check appropriately Contact Name:	-		•			□ Other (specify below)	
Volunteer Agency/Employer Name:							
Volunteer Agency/Employer Address and Phone Number:							
IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: ☐ YES ☐ NO (if yes − please complete Vulnerable Sector Search Consent FORM 1 on page 2)							

VULNERABLE SECTOR AP	PPLICANTS:				
FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR PARDON HAS BEEN GRANTED OR ISSUED	R A SEXUAL OFFENCE FOR WHICH A				
This form is to be used 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.					
Reason for Consent:					
I am an applicant for a paid or volunteer position with a person or organ children or vulnerable person(s).	ization responsible for the well-being of one or more				
Description of the paid or volunteer position (what you will be doing):					
Provide details regarding the children or vulnerable person(s) (what ages	s, type of client(s) you will be in authority over):				
Consent: I consent to a search being made in the automated crithe Royal Canadian Mounted Police to determine if I have been any of the sexual offences that are listed in the schedule to the result of giving this consent, if I am suspected of being the pers sexual offences listed in the schedule to the Criminal Records Acissued, that record may be provided by the Commissioner of the Minister of Public Safety of Canada, who may then disclose all o record to a police force or other authorized body. That police fo information to me. If I further consent in writing to disclosure organization referred to above that requested the verification, to or organization.	convicted of, and been granted a pardon for, Criminal Records Act. I understand that as a on named in a criminal record for one of the ct in respect of which a pardon was granted or Royal Canadian Mounted Police to the r part of the information contained in that rce or authorized body will then disclose the of that information to the person or				
Signature of Applicant	Date Signed				
By declaring any offences of which you have been convicted, your crimin needing to submit your fingerprints for verification of your identity and the submit your fingerprints for verification of your identity and the submit your fingerprints for verification of your identity and the submit you were list below all offences of which a judge has convicted you (who offence, date you were convicted, and place where the offence was consumed in the submit you have received a pardon pursual dismissed, stayed, or resulted in absolute or conditional discharges. • Do Not disclose offence convictions where you were found guilty of an (younger than eighteen years), pursuant to the Youth Criminal Justice A	nal convictions record can be confirmed without the processing delay that this causes. When the indictable or summary) and specifically identify the nmitted. When the Criminal Records Act, or charges that were offence committed while you were a "young person"				
Date of Conviction Nature of Offence	Location/Jurisdiction				
Signature of Applicant	Date signed				

Applicant DOB

Applicant Name

Applicant Name	Applicant DOB					
SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE						
I request and consent to the VICTORIA POLICE DEPARTMENT and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were aid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.						
I understand that information collected as a result of this Police Information Check will only be released directly to me and not to any third party ; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.						
By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of City of Victoria, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.						
I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.						
Signature of Applicant	Date Signed					
MAIL OPTION – If you would like your results mailed to please indicate by checking the box. Victoria Police will						