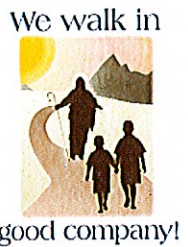




CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Human Resources Department

Box 2222, 2755 Highway 43 - Kemptville, Ontario - K0G 1J0
Phone: 613-258-7757 Toll-Free: 1-800-443-4562 Fax: 613-258-3610
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Request for Vulnerable Sector Screening Check

THIS FORM MUST:

- originate from the organization requesting a check of the Pardoned Sexual Offender Database; and
- accompany each completed LE220E or LE220F consent form.

This completed form must be on file for each request for a Vulnerable Sector (VS) check and be available for audit purposes.

TO BE COMPLETED BY REQUESTING ORGANIZATION:

Reason for Request: **Employment** **Volunteer**

Name of Organization: **Catholic District School Board of Eastern Ontario**

Name of Contact at Organization: **Marg Darling, Coordinator of Human Resources - Teaching**

Telephone #: **613-258-7757 Ext. 235**

Name of Applicant: _____

Position Being Applied For: **Employment**

IN WHICH VULNERABLE SECTOR 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 OPP data banks include information on a person's contact with the OPP under the *Mental Health Act*. This information is not disclosed by the OPP as part of a reference check unless the organization requesting the reference check certifies that the information is required to complete an evaluation of applicant suitability. The following section must be completed by an authority of the requesting organization.

I, **Marg Darling**

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

CERTIFY THAT: *Catholic District School Board of Eastern Ontario* (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 reference 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.

Learning and Growing Together in Christ

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.

AND (applicable if requesting organization is sending in the documents to an OPP Detachment):

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 license or passport) to confirm the identity of the applicant. (NOTE: Not applicable if applicant attends an OPP Detachment to initiate this check as OPP detachment will verify identity.)

SIGNATURE OF REPRESENTATIVE OF ORGANIZATION REQUESTING CHECK:

SIGNATURE: Marg Darling DATE: September 13, 2010

TO BE COMPLETED BY APPLICANT:

Name of Applicant:

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 Screening 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 Screening 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; and if so,
- iii) The OPP is required to disclose the information to the person or organization requiring this Vulnerable Sector Screening Check.

I understand that I have the right to refuse consent for a Vulnerable Sector Screening Check. I consent to the OPP conducting a check, collecting, and disclosing my personal information for the purpose of a Vulnerable Sector Screening Check.

Applicant's Signature: _____ **Date:** _____