

CONSENT TO A CRIMINAL RECORD CHECK For working with children and / or vulnerable adults

IMPORTANT: Please read information and instructions on Page 2. To avoid processing delays, ensure all relevant fields are complete and payment is included with the form. ΠE F VA DB \Box C \Box D Schedule Type (choose one): children vulnerable adults vulnerable adults WORKS WITH (choose one): If you are unsure which 'works with' category to check, please contact your organization. PART 1: APPLICANT INFORMATION - TO BE COMPLETED BY ALL SCHEDULE TYPES: Middle Name First Name Last Name: Birthplace: Gender Male I Female [Birth Date: YYYY / MM / DD OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name) Middle Name: First Name: Surname: Mailing Address: Postal Code: Country: Province: City: B.C. Driver's Licence #: Contact Phone: PART 2 - ORGANIZATION INFORMATION - TO BE COMPLETED BY ALL, EXCEPT SCHEDULE F SECTION A Complete this section if you have been provided with an ID number from the Criminal Records Review Program. Organization Name: Organization Contact Name or Title (the person to receive the result of the check): ID Number (provided by the Criminal Records Review Program): SECTION B If you are unable to provide an ID Number please complete ALL of Section B Organization Name: The Roman Catholic Episcopal Corporation of Prince Rupert Attention: Mary-Anne Lewis Jamin Mailing Address: Box 7000 Postal Code: V2N 3Z2 Province: BC Country: CANADA City: Prince George Fax: (250) 964-2101 Office Phone: (250) 964-4424 · Organization type MUST be selected Applicant's Position / Job Title with Organization: · ID MUST be verified Organization Type: Health Authority Community Living BC Licensed Child Care Facility Unlicensed Child Care Facility ☐ Licensed Adult Care Facility ☐ School District ☐ Independent/Private School ☐ University ☐ College ☐ Ministry ☐ Contractor ☐ Government Agency Other Religious charitable Organization have verified the applicant's Primary and Secondary ID as outlined in the ID verification requirement: I certify that I CRRP ID Verification Requirements (for a complete list of acceptable ID and organization responsibilities please visit the website at: http://www.pssg.gov.bc.ca/criminal-records-review/responsibilities/index.htm Date Signature: PART 3 – SCHEDULE D ONLY MUST PROVIDE: Licensed Child Care or Adult Care Facility Name: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below: YYYY / MM / DD

Parent or Guardian Signature for Applicant Under 19 Years of Age Date Signed

Ministry of Justice

Criminal Records Review Program
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Visit the Criminal Records Review Program online at: www.pssq.gov.bc.ca/criminal-records-review

Applicant Signature