



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.

Schedule Type (choose one): [X] A [] B [] C [] D [] E [] F

WORKS WITH (choose one): [] children [] vulnerable adults [X] children and vulnerable adults
If you are unsure which 'works with' category to check, please contact your organization.

all of part 1

PART 1: APPLICANT INFORMATION - TO BE COMPLETED BY ALL SCHEDULE TYPES:

Form fields for Part 1: Last Name, First Name, Middle Name, Birth Date, Gender, Birthplace, OTHER NAMES USED OR HAVE USED, Surname, Mailing Address, City, Province, Country, Postal Code, Contact Phone, B.C. Driver's Licence #.

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.

Form fields for Section A: Organization Name, Organization Contact Name or Title, ID Number.

SECTION B If you are unable to provide an ID Number please complete ALL of Section B.

Form fields for Section B: Organization Name (The Roman Catholic Episcopal Corporation of Prince Rupert), Attention: Mary-Anne Lewis Jamin, Mailing Address: Box 7000, City: Prince George, Province: BC, Country: CANADA, Postal Code: V2N 3Z2, Office Phone: (250) 964-4424, Fax: (250) 964-2101, Applicant's Position / Job Title with Organization.

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 [X] Other Religious charitable Organization

ID verification requirement: I certify that I _____ have verified the applicant's Primary and Secondary ID as outlined in the CRRP ID Verification Requirements... Signature: _____ Date: _____

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:

Signature lines for Applicant, Parent or Guardian, and Date Signed.