Clear Form

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The Air Cadet League of Canada

Request for Police Records Check / Vulnerable Sector Search

Identification of the Applicant		
Last Name	First Name	Middle Name(s)
Date of Birth	Place of Birth	

Address	Postal Code	Phone
Previous Address (if any within the last five years		Postal Code
Previous Address (if any within the last five years		Postal Code
Previous Address (if any within the last five years		Postal Code

Reason for the Consent

I am an applicant for a volunteer position with an organization responsible for the well-being of one or more children or vulnerable persons.

Description of the volunteer position: Adult volunteer

The name of the organization is (enter squadron name and number) :

Position: Working with Air Cadets: ages 12-18

Consent

I consent to a Police Records Check/Vulnerable Sector Search consisting of a search of national and local police databases, including criminal convictions, outstanding charges and local police information deemed relevant.

I also consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a Record Suspension for, any of the sexual offences that are listed in Schedule 1 of the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a Record Suspension was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me.

If I further consent in writing to the disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature

Date