SURREY LACROSSE ASSOCIATION
c/o 5736 171 Street
Surrey BC V3S 8M9

February 18, 2016

Dear **Team Coaches, Managers, Trainers, Door Personnel and Adult Referees,**

Surrey Lacrosse Association, in conjunction with the BC Lacrosse Association, has determined that all adults in a position that will have contact with minor children during the 2016 lacrosse season must complete and submit a **Consent for Disclosure of Criminal Record Information including Vulnerable Sector Clearance** form (attached) to the Surrey RCMP to be permitted to work with the players.

This is a standard process used for volunteers in many sports and other activities where children are at risk and is free for volunteers that submit the form with the enclosed letter.

If you are a COACH, TEAM MANAGER, TRAINER, DOOR PERSON, or ADULT REFEREE, follow these steps:

1. Request a Personalized Volunteer Letter to RCMP from the SLA Secretary via e-mail at secretary@surreylacrosse.com. Indicate your full legal name and your volunteer position in the request.
2. Collect **2** pieces of your valid Government issued ID (must include name and birthdate).
3. Print off and take the Volunteer Letter and your ID to the RCMP. The following locations are able to take your form for processing: Main Detachment: 14355 57 Avenue or District 2 Office: 10395 148 Street (M-F 9-4pm).
4. Complete the Consent for Disclosure Form. Complete PART 1 and PART 2 of the form. Please use my name and address in Part 2. Do NOT sign the form at this time. This will be done in front of RCMP personnel when the form is submitted.
5. The RCMP will review the form with you and will either process the Check on the spot (if they are not busy) or they will call you when it is completed for you to pick up.
6. When you have received the form, please forward it to me either at the Surrey Lacrosse address or by arranging to connect with me at Cloverdale Arena.

As long as there are no concerns noted on the processed form, it will be kept on file for three (3) years and used for both box and field positions that you may volunteer in.

If any concerns are raised from the submitted request, I will contact you personally to discuss it in more detail.

DEADLINE FOR FORM SUBMISSION to RCMP: March 31, 2016

Please feel free to contact me if you have any questions or concerns about this process and thank you for your contribution to the Surrey Lacrosse Association!

Sincerely,

Susan Adams dos Santos
Cel: 778 809 3731 Email: secretary@surreylacrosse.com
Secretary, Surrey Lacrosse Association

Royal Canadian Mounted Police / Gendarmerie royale du Canada

Surrey RCMP Use Only
File:

Police Information Check

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, Motor Vehicle Act offences 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).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)

PREVIOUS NAMES (including name changes and birth/maiden 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 NUMBER (cell)

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE 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 appropriate): ☒ Volunteer (attach letter) ☐ - Employment ☐ Other (specify below)

Key Contact Name: Susan Adams dos Santos

Volunteer Agency/Employer Name: Surrey Lacrosse Association (Minors)

Volunteer Agency/Employer Address and Phone Number: c/o 5716 171 Street, Surrey, BC V3S8M9 t. 778-809-3731

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)

Applicant Name	Applicant DOB

VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

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 organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position *(what you will be doing)*:_____

Provide details regarding the children or vulnerable person(s) *(what ages, type of client(s) you will be in authority over)*:

_____

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to 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 pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, 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 the information to me. If I further consent in writing to 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 of Applicant	**Date Signed**

DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act, or* charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act.*

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant	**Date signed**

Applicant Name	Applicant DOB

SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Royal Canadian Mounted Police (RCMP) 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 laid, 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 City of Surrey / Royal Canadian Mounted Police, 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** _____

*****FOR OFFICE USE ONLY*****

QUERY TYPE	Queried by:	Negative	Attached	Date
CPIC				
PRIME				
PIP/LEIP				
JUSTIN				
VS – FP REQ.				

NOTES (office use only):

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