

ontario provincial police

VOLUNTEER SCREENING PROCESS

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

NOTE: This form is to be used to assist the agency to determine the suitability of successful candidates for either full or part-time employment and/or volunteer duties having direct contact with children or vulnerable persons.

APPLICANT INFORMATION

SURNAME			GIVEN NAMES		
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)			PLACE OF BIRTH		
DATE OF BIRTH YY	MM	DD	SEX	RESIDENTIAL PHONE NUMBER	DRIVERS LICENCE NUMBER
ADDRESS			CITY/TOWN		POSTAL CODE

PREVIOUS ADDRESSES FOR THE LAST FIVE YEARS

NUMBER	STREET	CITY/TOWN	POSTAL CODE	YEARS AT RESIDENCE

PLEASE READ CAREFULLY: I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CIPC system in accordance with the *CRIMINAL RECORDS ACT*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfil the requirements of the volunteer/applicant screening process. This consent is given pursuant to section 42 (b) of the *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*.

NAME BRAD MEAD	TITLE CLUB HEAD COACH
NAME OF ORGANIZATION STRATHROY- CARADOC MINOR SOCCER ASSOCIATION	

