



VOLUNTEER SCREENING REQUEST

PLEASE PRINT CLEARLY

APPLICANT

Surname: _____ Given 1: _____ Given 2: _____ Given 3: _____

Maiden Name/Other Surnames Used: _____

Address: _____ Apt. No. _____

Town: _____ Postal Code: _____

Previous Addresses (during the past five years):

Number	Street	Municipality	Postal Code

Date of Birth: _____ (Day/Month/Year) Res. Ph.: _____ Bus. Phone: _____

Driver's Licence No.: _____

(*Attach a photocopy of your Driver's Licence. If you do not have a Driver's Licence, include a photocopy of your Birth Certificate or Passport.)

I hereby consent to full disclosure of information from the National Repository of Criminal Records, information from the local records of the York Regional Police and/or any other police agency(s) to which a copy of this form is provided. This consent includes, without limitation, the following information:

- criminal record (adult and/or young offender, including summary offences)
- record of not criminally responsible on account of mental disorder
- probation, prohibition and other judicial orders which are in effect
- records of discharges which have not been removed from the CPIC system
- convictions/pending charges under federal and provincial statutes
- convictions/pending charges under the *Child and Family Services Act*
- apprehensions under the *Mental Health Act*
- details of incidents that the York Regional Police believes may assist an agency in making an informed decision.

I also certify that the information provided by me in this application is true and correct to the best of my knowledge and belief.

Applicant's Signature: _____

The information contained in the York Regional Police reply will be valid as of the date of the search. Personal information contained on this form is collected pursuant to the *Police Services Act*, s. 41 and is collected for the personal use of the applicant. The results will be forwarded to the applicant at the address noted above. Applicants are responsible for providing these results to requesting organizations.

The fee for this request is \$15.00 which includes all applicable taxes.

Cheques should be made payable to the York Regional Police. Mail application and cheque to:

York Regional Police Volunteer Screening
17250 Yonge Street, Newmarket, ON L3Y 4W5

Name of Organization: REGIONAL NURSING SERVICES

Position Sought: REGISTERED NURSE Volunteer Employee

Name and Signature of Organization Representative: SANDRA JOHNSON _____ Date: _____ (Day/Month/Year)

* Note: Questions regarding the above application should be directed to the Volunteer Screening Coordinator, (905) 830-0303, ext. 7931.

To ensure your application is processed without delay, you must attach a photocopy of **one** of the following government issued identification.

- Driver's Licence
- Birth Certificate
- Passport

Answers to commonly asked questions:

- **How long does it take to process my request?**

Please allow eight working days from the date the request is received by York Regional Police (not including mail delivery).

If it is being mailed back to you, please allow time for Canada post delivery.

Please do not call unless it has been more than 3 WEEKS since the date your Volunteer/Applicant Screening was received by York Regional Police.

- **Where do I take the application after I have completed it?**

It can be taken to York Regional Police headquarters located at, 17250 Yonge Street in Newmarket.

It can be mailed to York Regional Police, 17250 Yonge Street, Newmarket, L3Y 4W5.

- **How do I pay?**

Cash. Cheque. Money Order. Payable to: York Regional Police