



**EMPLOYEE**       **VOLUNTEER**

**A. Personal Information**

Surname (last name):	Given names(s):
Surname (last name) at birth:	Former name(s):
Place of birth (City, Province/State, Country):	
Date of birth (YYYY-MM-DD):	Gender Identity (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Phone number(s):	Email address:
Current Home Address	
_____	_____
Number	Street
_____	_____
Apartment	City
_____	_____
Province/Territory/State	Postal/ZIP code
_____	_____
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)	
_____	_____
_____	_____

**B. Reason for the Criminal Record Verification**

Reason for Request (example: Employment – Employer – Job Title): Employment	
Organization Requesting Search: The Synod of the Diocese of Niagara	
Contact Name: Mary Anne Grant / Jane Wyse	Contact Phone Number: 905-527-1316

**C. Informed Consent**

**SEARCH AUTHORIZATION** – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

**POLICE INFORMATION SYSTEM(S)** – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

**CPIC investigative Data Bank**                       Police Information Portal (PIP)

OTHER:

**AUTHORIZATION AND WAIVER** to provide a confirmation of criminal record or any police information.

I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to XpressChek Inc./The Synod of the Diocese of Niagara, located in Toronto, Ontario, Canada/Hamilton, Ontario, Canada.

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Cobourg Police Service to XpressChek Inc., located in Toronto, Ontario, Canada.

Signature of Applicant	Date	Signed at
_____	Year – Month - Day	_____
		City
		Province/Territory

**D. Identification Verification**                       Physical Identity Verification                       Electronic Identity Verification

Witnessing Agent’s Name:	Identification Verified:
_____	_____
Witnessing Agent’s Signature:	Type of Photo ID Viewed (Government Issued) & Secondary ID
_____	_____

Name and location of the company where information will be stored in Canada: XpressChek Inc., Toronto, ON and The Synod of the Diocese of Niagara, Hamilton, ON.

**\*\*Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. \*\***