BRITISH COLUMBIA | Ministry of Public Safety and Solicitor General

THIS FORM MUST BE SIGNED BY THE VOLUNTEER ORGANIZATION AUTHORIZED CONTACT AND SUBMITTED WITH THE VOLUNTEER CONSENT FORM

SECTION 1: FOR AUTHORIZED CONTACT USE

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER ORGANIZATION CHECKLIST

☐ The volunteer has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.**

☐ My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.

☐ My organization will verify the volunteer's I.D. in person and ensure that the information provided on the consent form(s) is accurate.

☐ My organization has reviewed the "works with" category and has completed that portion of the form.

AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

☐ I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the volunteer's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: _____ SIGNATURE: _____

SECTION 2: FOR VOLUNTEER USE

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER CHECKLIST

☐ I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.

☐ My volunteer organization has verified my I.D. in person to confirm my identity and ensure that the information on my consent form is accurate.

☐ My organization will retain the original consent form and will forward a copy to the CRRP on my behalf.

☐ I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC *CRIMINAL RECORDS REVIEW ACT:*

☐ I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.

☐ I hereby consent to a check of all available law enforcement systems, including any local police records.

☐ I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks

☐ I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.

☐ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions of any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.

☐ Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.

☐ My organization and I will be notified that I have an outstanding charge or conviction for a relevant of specified offence(s), and that the matter has been referred to the Deputy Registrar for review.

☐ The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).

☐ If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form

Website: https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check
Phone: 1-855-587-0185 (Option 2)

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Ministry of Public Safety and Solicitor General
Criminal Records Review Program
Policing and Security Programs Branch
Security Programs Division

VOLUNTEER CONSENT TO A CRIMINAL RECORD CHECK

Ministry of Public Safety and Solicitor General

BRITISH COLUMBIA

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process.
Your organization must complete the 'WORKS WITH' category portion of the form.

WORKS WITH (choose one): ☐ children ☐ vulnerable adults ☐ children and vulnerable adults

PART 1: APPLICANT INFORMATION

Legal Surname / Last name:	Legal Given / First Name:	Legal Middle Name:

Date of Birth: _____ _____ _____
YYYY MM DD   Sex: ☐ M ☐ F   Birthplace: _____

Additional Names (Alias, Maiden Name, etc.):

Surname / Last Name:	Given / First Name:	Middle Name:

Mailing Address:	City:	Province:	Country:	Postal Code:

Residential Address (If different from above):	City:	Province:	Country:	Postal Code:

Contact Area Code & Phone No.	Driver's Licence or BCID #:

PART 2: VOLUNTEER ORGANIZATION INFORMATION

To be completed by Authorized Contact:

Volunteer Organization Name:

Authorized Contact Name and Title

ID Number (Provided to the organization from the CRRP): _____

Mailing Address:	City:	Province:	Country:	Postal Code:

Office Area Code & Phone No:

PART 3: POSITION WITH VOLUNTEER ORGANIZATION

Volunteer's position/Job Title with volunteer organization:

PART 4: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

I have read and understand the Consent for Release of Information and Acknowledgements on Page 1. I hereby consent to these terms as indicated by my signature below:

_____   _____
Applicant Signature   Date Signed YYYY / MM / DD

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).

Website: https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check
Phone: 1-855-587-0185 (Option 2)

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