



Ontario
Provincial
Police

Volunteer/Applicant Screening Process

Consent to Disclosure of Personal Information

Note: This form 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					
YY	D.O.B. MM	DD	Sex	Area	Telephone (Res.)	Driver's Licence Number				
Address: Number		Street			Apt./Unit		City/Town/Municipality		Postal Code	

Previous addresses for the last five years (If insufficient room, attach a separate sheet.)

Number	Street	Apt./Unit	City/Town/Municipality	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 CPIC 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 fulfill the requirements of the volunteer/applicant screening process. This consent is given pursuant to s.42(b) of the *Freedom of Information and Protection of Privacy Act*.

Name	Title
Name of Organization	