

Letter of Instruction for Vulnerable Sector Checks

This form is to be completed by the _____ in support of a vulnerable sector check. The form may be provided by the _____ and/or Applicant listed below to an Accredited Fingerprinting Company to assist with the electronic submission of fingerprints in support of a vulnerable sector check.

Personal information contained on this form is collected pursuant to the Police Services Act, s.41 and is collected for the purpose of processing this police record check. Questions concerning this collection should be directed to your local _____

For a listing of Accredited Fingerprinting Companies that are approved for electronic vulnerable sector checks please refer to the website for the Royal Canadian Mounted Police (RCMP) at <http://www.rcmp-grc.gc.ca/rfid-itr/vulner-eng.htm>

Applicant information				
Last Name, First Name, and Middle Names				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden Name or other Last Names used		Name commonly used or other First Names		
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village	Province/State
Postal/ZIP Code				
Date of Birth (YYYY/MM/DD)	Country of Birth	Telephone	E-mail address	
Purpose of the vulnerable sector check				
This vulnerable sector position is: <input type="checkbox"/> Employment (paid) <input type="checkbox"/> Volunteer (unpaid)		If position is volunteer (unpaid): <input type="checkbox"/> I have provided the _____ with a volunteer confirmation letter from the organization listed below		
Description of employment/volunteer position:				
Details regarding children or vulnerable person(s) relative to the vulnerable sector position:				
Name of organization or person requiring the check (Last Name, First Name)			Telephone	
<input type="checkbox"/> I will attend an Accredited Fingerprinting Company location for the purposes of having my fingerprints electronically taken and submitted to the RCMP National Repository of Criminal Records in support of a Vulnerable Sector Name Check.				
<input type="checkbox"/> I have completed Form _____ - Vulnerable Sector Name Check and have consented to all checks described within.		Signature of Applicant		Date (YYYY/MM/DD)
POLICE USE ONLY				
Verification				
<input type="checkbox"/> Identity of Applicant verified		<input type="checkbox"/> Position verified as vulnerable sector		Volunteer (unpaid position) confirmation letter received and on file <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name, First Name			Title	
Member ID	Signature			Date (YYYY/MM/DD)

Return mailing address: