



VULNERABLE SECTOR SCREENING

As required by Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information about you is being collected by York Regional Police in order to conduct a vulnerable sector screening at your request. 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 provided below.

Please **PRINT CLEARLY, using legal names only** (no short-form names). Complete fully. Use additional paper if spaces are insufficient.

Last Name: _____ Date of Birth (D/M/Y): _____

First Name (*in full*) _____ Middle Name: _____

Maiden Name (Where Applicable) _____ Place of Birth: _____

Current Address: _____

Street Address (Apt #)

City/Town

Province

Postal Code

Home Telephone No: () Business Telephone No: ()

List your **complete** address (es) for the past five years. Attach separate sheet if required.

City and Province (Give country if other than Canada)	Address	From		To	
		Month	Year	Month	Year

THIS SECTION TO BE COMPLETED BY THE PERSON OR ORGANIZATION REQUIRING THE CHECK

Name of Agency / Organization: _____ Tel. #: ()

Name of Contact at Agency / Organization: _____

Name / Title of Position being applied for: _____ Volunteer Employee

With which vulnerable sector will the applicant be working? Children Elderly Physically Disabled

Mentally Disabled Infirm Other (Please specify) _____

Is it possible that the applicant may be alone with a person in any of the following situations? (answer all)

In the applicant's home Yes No In a vulnerable person's home Yes No

In a classroom Yes No In a private interview room Yes No

In an unsupervised setting Yes No Other (please specify) _____

Will the applicant be responsible for the safety or well being of a person? Yes No

Will the applicant be in a position of trust or influence over a person? Yes No

Is it possible that the applicant may transport a person in a vehicle? Yes No

Will the applicant be engaged in any of the following activities with a person? (answer all) Counselling Yes No

Teaching Yes No Coaching Yes No Other (Please specify) _____

Will the applicant have access to, be handling, or be administering any medications? Yes No

Will the applicant be handling money? Yes No

Signature of Organization's Representative: _____ Date: _____

Distribution: Original: Information Management

