



# Delta Police Department

## Police Information Check

<b>Delta Police Use Only</b>
Log:
Receipt:
Received at: (for COPS locations)

**IDENTIFICATION – one form must be photo ID (office use only)**

Type of ID Produced:	Number:
Type of ID Produced:	Number:

**INSTRUCTIONS FOR COMPLETION**

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

**Please complete clearly in ink**

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:

- Any applicable fee (see website for costs and payment options);
- One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth;
- If you cannot produce photo identification Delta Police cannot complete your check.

**Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include:**

- **Check of overseas or US record systems;**
- **Traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.**

**The results of this check will not be forwarded to a third party**

(with the exception of confirmed positive Vulnerable Sector responses, or if a "duty to Warn" arises).

**PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)**

LAST NAME	FIRST NAME	MIDDLE NAME(s)
PREVIOUS NAME(S) (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

<b>PREVIOUS ADDRESS</b> (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)			*Check Completed (office use only)
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

**REASON FOR APPLICATION (check appropriate):**  Volunteer (attach letter)  - Employment  Other (specify below)

Key Contact Name: \_\_\_\_\_

Volunteer Agency/Employer Name: \_\_\_\_\_

Volunteer Agency/Employer Address & Phone Number: \_\_\_\_\_

**IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS:**  YES  NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 3)

Applicant Name	Applicant DOB
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**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the Delta Police Department and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of Delta, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

<b><u>QUERY TYPE</u></b>	<b><u>Queried by:</u></b>	<b><u>Negative</u></b>	<b><u>Attached</u></b>	<b><u>Date</u></b>
<b><u>CPIC</u></b>				
<b><u>PRIME</u></b>				
<b><u>PIP/LEIP</u></b>				
<b><u>JUSTIN</u></b>				
<b><u>VS – FP REQ.</u></b>				

NOTES (office use only):

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