



St. Patrick's School

241 Stratton Way, SE Medicine Hat, AB T1B 3Z2



Fax (403) 527-0985

<https://www.stpatricksschool.ca>

Telephone (403) 527-1177

A safe and caring, Catholic environment where students maintain high standards of academic achievement and Christ-like behavior.

Re: School Volunteer Information

All school volunteers are required to provide the following criminal checks in order to volunteer and participate with school activities off school property, and within the school (if left unsupervised by staff).

1. **Criminal and Vulnerable Sector Check** (Medicine Hat Police or RCMP): two options
 - a. Online: <https://www.policerolutions.ca/checks/services/medicinehat/index.php>
 - b. Medicine Hat Police Station: application form is attached
 - c. Cost: \$15.00 (Volunteer)

2. **Child Intervention Check** (Provincial Building): two options
 - a. Email: cs.ircsouth@gov.ab.ca
 - b. Medicine Hat Provincial Building (403-529-3607)
 - c. Cost: FREE

Parent name: _____ (please print)

The above noted has applied to become a volunteer at St. Patrick's school. As he/she may be in contact with children either alone, or in groups, he/she will require a criminal, vulnerable sector, and child intervention check from the local police station and provincial building.

Please contact St. Patrick's school if you have any questions.

Respectfully,

Mr. D. Unreiner

Principal of St. Patrick School

403-527-1177

dwayne.unreiner@mhcbe.ab.ca



Medicine Hat Catholic
Board of Education

**Administrative Procedure 490
VOLUNTEERS
APPENDIX A**

**MEDICINE HAT CATHOLIC BOARD OF EDUCATION
Volunteer Registration Form**

Medicine Hat Catholic Schools appreciates the services of all of its volunteers. In order to ensure your safety and the safety of all our students, all volunteers must complete this registration form. Please print legibly and complete the entire form. The information on this form will be held in strict confidence. This volunteer registration form will be held for three years from date of completion. Those individuals involved with the following mentioned activities shall be required to provide a Police Information Check and an Intervention Record Check prior to assuming duties. (Involvement with sport teams, overnight field trips, activities involving supervision where Division staff members are not in attendance at all times, driving students).

Last Name	First Name	Middle Name
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Home Address: _____

Apt.#	Street	City	Province	Postal Code
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Home Phone: _____ Work#: _____ Cell #: _____

Email: _____

Name of School you will be volunteering in: _____

Do you have a child/children attending this school? Yes No
If yes, please list by name and grade:

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

If no, children attending, please list at least two references we may contact:

Name/Address

Phone number

Name/Address

Phone number

As a volunteer we are advised you of the following conditions;

1. Principals are responsible for all volunteer present in the school or performing volunteer activities for the school while not on school premises. All volunteers are subject to the direction of the principal at all times.
2. Volunteers shall at all times act in accordance with Division policies and regulations, school policies and rules and will conduct themselves in such a manner in keeping with the Divisions core values.
3. Any information collected, used, generated and stored by Medicine Hat Catholic Schools including student, instructional, financial or administrative information is strictly confidential and to be used only in the performance of volunteer duties.
4. Volunteers may not disclose, communicate, publish, take, alter, copy, interfere with or destroy any information unless you are specifically authorized to do so by the principal.
5. All volunteers are required to complete the Volunteer Registration form once every three years, prior to commencing any activities in the school.
6. All volunteers who may be engaged in the following activities shall be required to provide a Police Information Check including vulnerable sector check and an Intervention Record Check prior to assuming any volunteer duties.
 - 6.1 Involvement with sports teams;
 - 6.2 Overnight field trips;
 - 6.3 Activities involving the supervision of students where Division staff members are not in attendance at all times; or,
 - 6.4 Driving students in Division or Non-Division owned vehicles.
7. All volunteers are to register with the school office at the beginning of each day, and, while engaged in volunteer activities, will wear appropriate identification.
8. If a volunteer is charged with a criminal offence during the course of volunteering, the volunteer must immediately notify the principal of the school of all charges laid, excluding minor traffic offences.
9. Failure to comply with any of these conditions may result in termination of a volunteer's duties.

Have you completed a Police Information Check (PIC) with a vulnerable sector check?

Yes No

Do you have a criminal record for which you have not received an official pardon?

Yes No

Have you completed an Intervention Record Check? Yes No

Have you ever been investigated by Children and Youth Services? Yes No

Signed this _____ day of _____, 20 _____

Signature

Print Name

Parent/Guardian Signature (if volunteer is under 18 years of age)

Signature

Print Name

Reference: Section 197, 256, 53, 52, 222 Education Act; Freedom of Information and Protection of Privacy Act



POLICE INFORMATION CHECK

Application Form must be completed in Full before your request will be processed

UNCLAIMED CERTIFICATES WILL BE DESTROYED AFTER 90 DAYS

Information collected as a result of this Police Information Check will only be released to the person making the application. No refunds.

Last Name:		Given Name:		Middle Name		Alias/Nickname/Preferred Name	
Previous Last Names: (Maiden Name, Name Change etc.)			Date of Birth		Female: <input type="checkbox"/>		Male: <input type="checkbox"/>
			Year	Month	Day		
Street Address		City		Postal Code		Place of Birth (Province / Country)	
Home Phone		Cell Phone		Email			
Previous Address (if any) within the last 5 years – lived in for more than 5 months (City/Province only)							None: <input type="checkbox"/>
This Police Information Check is for: Employment <input type="checkbox"/> Immigration <input type="checkbox"/> Record Suspension <input type="checkbox"/> Waiver <input type="checkbox"/> Travel <input type="checkbox"/> Adoption <input type="checkbox"/>							
Volunteer <input type="checkbox"/> (Volunteer Letter Attached) <input type="checkbox"/> Other <input type="checkbox"/> (Please indicate) _____							
If Police Information Check is for employment or volunteer, please provide position: _____							
Employer/Organization requesting this check: _____							
Vulnerable Clientele Duties: _____							
Have you been fingerprinted for a CRIMINAL OFFENCE IN CANADA for which you have <u>not</u> received a Pardon? Yes <input type="checkbox"/> No <input type="checkbox"/>							
I consent to the Medicine Hat Police Service (the "Police Service") conducting the following searches about me:							
A. Criminal convictions, conditional and absolute discharges and other related information about me contained in Canada's National Repository of Criminal Records.							
B. Criminal and provincial statute dispositions and any pending criminal or provincial statute charges before the Alberta courts as identified in the Justice Online Information Network.							
C. Current court orders, warrants, prohibition orders, probation orders, peace bonds, recognizance orders in Alberta and current outstanding out of province warrants identified in the Canadian Police Information Centre.							
D. Information obtained from local police records, which may include a query of the Police Information Portal, in which I was the subject of a police investigation where a risk to public safety exists. A decision to disclose information described here in section D will be made by the Police Service upon consideration of several factors including the nature of the responsibilities of the position applied for, the individuals with whom I will be interacting, the frequency and recency of the occurrences, any demonstrated patterns of behaviour and the reliability of the information contained in the records.							
E. Vulnerable Sector Check: completed when required by the Requesting Agency because you will be responsible for the well-being of children, the elderly, people with disabilities or other vulnerable populations. It is the Police Service that determines or verifies that the position you are applying for meets the requirements for a vulnerable sector check.							
A Vulnerable Sector Check is required when you will be in a position of trust or authority over vulnerable persons including children, the elderly and people with disabilities. A Vulnerable Sector Check involves a search of the automated criminal records (pardoned sex offender) retrieval system maintained by the RCMP to identify the existence of sex offences for which a record suspension or pardon exists. A Vulnerable Sector Check also includes a search of local police records to determine if any patterns of behaviour exist that may result in harm to a vulnerable person.							
I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and have been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i> .							
I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, that record shall be provided by the							

Commissioner

of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me.

I understand that the Police Service will not disclose this information to the Requesting Agency without further consent from me.

If you are obtaining a Vulnerable Sector Check, list all cities and provinces of residence other than your current city of residence for the past 5 years:

Location:

Location:

Location:

Please provide a brief description of the position you are applying for and identify the vulnerable population you will be in a position of trust or authority over (i.e. are they children, persons with disabilities or from some other vulnerable population).

I acknowledge that I understand when a Vulnerable Sector Check is required and, if required, I consent to the Vulnerable Sector Check.

Signature of Applicant: _____ Date: _____

A police record consists of information created or gathered by police. It may include information such as criminal charges and convictions, non-conviction information such as acquittals, findings of not criminally responsible by reason of mental disorder, stays of proceedings, participation in alternative measures and other diversionary programs, investigations, and occurrences that did not result in charges being laid. A police record may also include non-criminal contact with police. Even if you have never been charged or convicted of an offence a police record may exist as a result of an interaction with the police, including interactions due to mental health issues or as a result of an investigation conducted by police, whether you knew about the investigation or not. Information created or gathered by police is retained in accordance with the Police Service's records retention schedule. If you require further information about the Police Service's retention schedule, please contact the Police Service responsible for completing your Police Information Check.

I give my consent to the Police Service to use any and all information about me that it has found after completing the above identified searches, including information obtained from local police records, to complete a Police Information Check and I give my consent to the Police Service to disclose the results of the searches to me in a Police Information Check. I understand that it is my decision whether I provide the results of the searches to any other person or organization. I understand that further information about the Police Information Check process is available in the Alberta Police Information Check Disclosure Procedures which are available on the Police Service's website.

I remise, release and forever discharge the Police Service, the Chief of Police of the Police Service, the Police Service's Police Commission, and all of their administrators, successors, assigns, agents, officers, servants and employees from any and all demands or claims of every nature and kind at law or in equity including, without limitation, all manner of actions, suits, debts, dues, general damages, special damages, pecuniary damages, costs or interest, incurred by me or my legal representatives, heirs, assigns or agents and arising from or in any way related to my participation in the Police Information Check process and the obtaining of a Police Information Check.

The information collected on this form and the information collected, used and disclosed as part of this Police Information Check process will be collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* or as otherwise provided by law.

By signing this form, I confirm that I have fully informed myself and understand the content, meaning and effect of this consent and release of liability and I declare that the information provided by me is accurate and may be verified by the Police Service through police information databases if required.

Signature of Applicant: _____ Date: _____

Verification of Identification

TWO PIECES OF ORIGINAL & CURRENT GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH ARE REQUIRED. ONE MUST CONTAIN YOUR PICTURE

ID Type & Number: _____ VERIFIED BY: _____

ID Type & Number: _____

The personal information collected on this form, including your name, address, birthdate and phone number is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) of Alberta. If you have any questions about the collection or use of this information, contact MHPS FOIP Coordinator.