

Service Order Form

Fax: 604-323-3097

Toll Free Fax: 1-866-323-3097

E-mail: orders@backcheck.ca

1. Client Contact Information:

Company: **Child Evangelism Fellowship Ontario**

Phone: **905-475-9116 ext 101**

Faxed By:

Today's Date:

Email to deliver results to: **llalic@cefontology.org**

of Pages:

2. Services Menu - please for services requested

Police Clearance with Positions of Trust Disclosure – Volunteers

Police Clearance with Positions of Trust Disclosure – Paid Staff

3. Office Rep. please complete the following:

ID Check is MANDATORY for Police Clearance

Please photocopy and fax 1 piece of government-issued photo ID to BackCheck along with this cover and consent form.

Candidate's Name:

Position Applied For:

Photo ID Check

Type of Photo ID
(Drivers License, Passport, Military Card or other provincial photo ID cards):

Identification Number:

I, _____ have examined the identification of _____
Print Name of Ordained Minister in the Province of Ontario Print Name of Candidate
and I am satisfied that the candidate and person depicted in the photo identification are one and the same

Office Rep. Confirming ID Check:

4. Payment Information:

Volunteer

I, _____ authorize BackCheck to charge to my credit card
\$25 plus GST for completion of this Police Clearance Check.

Paid Staff

I, _____ authorize BackCheck to charge to my credit card
\$35 plus GST for completion of this Police Clearance Check.

Visa Mastercard American Express Diners Club Cheque Money Order

Credit Card No.: _____ Exp. _____ / _____

Signature: _____

Please **FAX** the following to BackCheck along with this cover:

- Police Clearance Consent Form (1 page)**
- Positions of Trust Disclosure (1 page)**
- Copy of Candidate's ID**

Please ensure printing is 100% legible

Fax: 604-323-3097
Toll Free Fax: 1-866-323-3097
E-mail: orders@backcheck.ca

Police Clearance Consent Form

To ensure accuracy, you must print clearly and complete this form in its entirety

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only so that BackCheck™ can accurately proceed with the assembly of criminal records information for employment purposes only. BackCheck will hold all personal information confidential.

Full Name of Candidate:

Surname/Last Name Given 1/First Name Given 2/Middle Name Birth and/or Maiden Name

Other names used, either past or present, including aliases or nicknames:

Birth Date:

Year Month Day

Male Female

Check One

Place of Birth:

City State/Province

Full Address:

Unit # Street City Province Postal Code

Previous Address:

Unit # Street City Province Postal Code

If less than 5 years above:

Unit # Street City Province Postal Code

Telephone: () or ()

I understand that failing to provide accurate information or omission of facts on this form may disqualify me from consideration for employment or a volunteer position with **Child Evangelism Fellowship Ontario** or subsequent termination if I am employed or currently volunteering .

Candidate's Initials: _____

Have you ever been convicted of a criminal offence for which you have not been pardoned, been granted an absolute discharge in the past year, or been granted a conditional discharge in the past three (3) years? Yes or No

If Yes, please provide details on **ALL** convictions (if more space is needed, please attach additional pages as required):

Offence	Date	Location	Penalty

Disclaimer: The existence of a conviction will not preclude you from consideration for employment with **Child Evangelism Fellowship Ontario**. Details of the offence are requested to enable **Child Evangelism Fellowship Ontario** to determine whether the offence is related to your employment or intended employment.

I have applied to **Child Evangelism Fellowship Ontario** for employment or a volunteer position. Part of the screening process includes a criminal record check based upon information as maintained on file by the Identification Bank of CPIC for Criminal Records. These investigations are conducted by BackCheck on behalf of **Child Evangelism Fellowship Ontario**. I hereby request and authorize a Canadian Police Service to search for and disclose on my behalf to BackCheck who is requesting the criminal records check on behalf of **Child Evangelism Fellowship Ontario** the fact that records may exist on me and are registered on the Identification Data Bank of CPIC for Criminal Records. I acknowledge that such records may include information relating to criminal convictions for which a pardon has not been granted and conditional and absolute discharges and stays of proceedings which have not been removed from the Identification Data Bank of CPIC for Criminal Records in accordance with the *Criminal Records Act*.

I hereby request and authorize a Canadian Police Department to disclose the above-stated information to **Child Evangelism Fellowship Ontario** both now and from time to time as deemed necessary by **Child Evangelism Fellowship Ontario**.

I understand that disclosure of this information may preclude me from obtaining employment or a volunteer position with **Child Evangelism Fellowship Ontario**. I authorize BackCheck to release all information obtained to **Child Evangelism Fellowship Ontario** and hold harmless BackCheck upon the release of this information or its findings to **Child Evangelism Fellowship Ontario**. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment or a volunteer position with **Child Evangelism Fellowship Ontario**.

Furthermore, I consent to provide my fingerprints for comparison if information provided by myself on this form is in conflict with that disclosed by the Canadian Police Service during this investigation of my criminal records history.

Candidate Signature: _____ **Date:** _____

Based on identification information provided by the subject, the result of our search of the Canadian Central Repository for Criminal Records is:

- CLEAR** - No records in the Canadian Central Repository for Criminal Records match the subject's name and date of birth.
- NOT CLEAR** - There may or may not be a record of a conviction, absolute or conditional discharge, or charge under any federal enactment for which a disposition has been entered. The applicant's name, surname, and date of birth were used to conduct this inquiry at the Canadian Police Information Centre. Fingerprints have not been taken. Only a comparison of fingerprints can confirm or disprove this result.
- Declaration** - The Declaration of offences above is not an accurate representative of the records in the Canadian Central Repository for Criminal Records based on the subject's name and date of birth. Only a comparison of fingerprints can confirm or disprove this result.

Police Representative Signature: _____ **Date:** _____

Positions of Trust Disclosure Consent Form

(Should be attached to and completed in addition to the BackCheck™ "Police Clearance Consent Form")

To be completed by anyone applying for a position with a person or organization, when the position is a position of authority and trust and is responsible for the well being of one or more children or vulnerable persons. The candidate consents to a search being made of criminal conviction records to determine if the candidate has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned. If this form is not completed or is left unsigned, no security clearance will be provided.

Definition of "Positions of Trust"

Paid or voluntary positions dealing with vulnerable people. Vulnerable people can include children, youth, senior citizens, people with physical, developmental, emotional, social, or other disabilities, but will also include people who have been victims of crime or accident, those who are addicted or dependent on addictive substances, and those who are otherwise left with little or no defense against persons who would harm them.

NOTE: Vulnerable people are individuals who are at **greater risk** of being harmed than the general population, because of their age, disability or handicap, or circumstances, whether temporary or permanent.

Reason for Consent

I am a candidate for a paid or volunteer position with a person or organization responsible for the well being of one or more children or vulnerable persons.

Consent

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 been granted a pardon form, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may 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. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

I hereby request and authorize a Canadian Police Department to disclose the above-stated information to **Child Evangelism Fellowship Ontario** both now and from time to time as deemed necessary by **Child Evangelism Fellowship Ontario**.

Candidate Signature:			Date:		
Parent of Guardian Signature (Required for candidates under 18 years of age):					
Full Name of Candidate:					
<small>Surname/Last Name</small>		<small>Given 1/First Name</small>		<small>Given 2/Middle Name</small>	
<small>Birth and/or Maiden Name</small>					
Birth Date:			<input type="checkbox"/> Male <input type="checkbox"/> Female		Place of Birth:
<small>Year</small>	<small>Month</small>	<small>Day</small>	<small>Check One</small>		<small>City</small>
				<small>State/Province</small>	<small>Country</small>
Full Address:					
<small>Unit #</small>		<small>Street</small>		<small>City</small>	
				<small>Province</small>	<small>Postal Code</small>
Telephone: ()			or ()		

Reason for the Consent:

I am a candidate for a paid volunteer position with a person or organization for the well being of one or more children or vulnerable persons.

Description of the paid or volunteer position:
The name of the person or organization is:
Provide details regarding the children or vulnerable persons:

Consent:

I consent to information contained in a criminal record, found as a result of a criminal record check for a sexual offence for which a pardon has been granted or issued, being disclosed by a police force or other authorized body to the person or organization referred to above to whom or to which I am applying or have applied for a paid or volunteer position.

I understand that as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the person or organization, even though a pardon has been granted or issued for the offence.

Candidate Signature: _____ **Date:** _____

Parent of Guardian Signature (Required for candidates under 18 years of age): _____