

VOLUNTEER - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

THIS FORM MUST BE SIGNED BY THE VOLUNTEER ORGANIZATION AUTHORIZED CONTACT AND SUBMITTED WITH THE VOLUNTEER CONSENT FORM

SECTION 1: FOR AUTHORIZED CONTACT USE

CC	INSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER ORGANIZATION CHECKLIST
	The volunteer has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.
	My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
	My organization will verify the volunteer's I.D. in person and ensure that the information provided on the consent form(s) is accurate.
	My organization has reviewed the "works with" category and has completed that portion of the form.
AL	THORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS
	I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.
	On behalf of the organization, I confirm that the volunteer's/applicant's primary and secondary I.D. have been verified.
AU	THORIZED CONTACT NAME: Nancy E. Wells SIGNATURE: MOULY E. WILLS
SEC	TION 2: FOR VOLUNTEER USE
CC	INSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER CHECKLIST
	I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
	My volunteer organization has verified my I.D. in person to confirm my identity and ensure that the information on my consent form is accurate.
	My organization will retain the original consent form and will forward a copy to the CRRP on my behalf.
	I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.
CO	NSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS
	NSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS RSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:
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PU	RSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT: I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the Freedom of Information and Protection of Privacy Act (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by
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Website: https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check Phone: 1-855-587-0185 (Option 2)



VOLUNTEER CONSENT TO A CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process.

Your organization must complete the 'WORKS WITH' category portion of the form. WORKS WITH (choose one): children vulnerable adults children and vulnerable adults **PART 1: APPLICANT INFORMATION** Legal Surname / Last name: Legal Given / First Name: Legal Middle Name: Date of Birth: Sex: Μ F Birthplace: YYYY MM DD Additional Names (Alias, Maiden Name, etc.): Surname / Last Name: Given / First Name: Middle Name: Mailing Address: City: Province: Country: Postal Code: Residential Address (If different from above): Province: City: Country: Postal Code: Contact Area Code & Phone No. Driver's Licence or BCID #: PART 2: VOLUNTEER ORGANIZATION INFORMATION To be completed by Authorized Contact: Volunteer Organization Name: KELOWNA GENERAL HOSPITAL FOUNDATION Authorized Contact Name and Title Nancy E. Wells ID Number (Provided to the organization from the CRRP): 1425148 Mailing Address: City: Province: Country: Postal Code: 2268 Pandosy St. Kelowna B.C. Canada V1Y 1T2 Office Area Code & Phone No: 250 862-4300 7497 PART 3: POSITION WITH VOLUNTEER ORGANIZATION Volunteer's position/Job Title with volunteer organization: PART 4: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS I have read and understand the Consent for Release of Information and Acknowledgements on Page 1. I hereby consent to these terms as indicated by my signature below: Applicant Signature Date Signed YYYY / MM / DD FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).

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Ministry of Public Safety and Solicitor General Criminal Records Review Program Policing and Security Programs Branch Security Programs Division