



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

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER ORGANIZATION CHECKLIST

- Consent checklist items: The volunteer has provided my organization with the original, completed and signed consent form... My organization will submit a copy of the consent form to the CRRP... My organization will verify the volunteer's I.D. in person... My organization has reviewed the "works with" category...

AUTHORIZED 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.

On behalf of the organization, I confirm that the volunteer's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: Nancy E. Wells

SIGNATURE: Nancy E. Wells

SECTION 2: FOR VOLUNTEER USE

CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER CHECKLIST

- Volunteer checklist items: I have completed the attached consent form truthfully, clearly and legibly... My volunteer organization has verified my I.D. in person... My organization will retain the original consent form... I have read and understand the Consent for Release of Information and Acknowledgements...

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- Consent for release items: I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge... I hereby consent to a check of all available law enforcement systems... I hereby consent to a Vulnerable Sector search... I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints... I hereby authorize the release to the Deputy Registrar any documents in the custody of the police... Where the results of a check indicate that a criminal record or outstanding charge... My organization and I will be notified that I have an outstanding charge... The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse... If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein...





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 [x] children and vulnerable adults

PART 1: APPLICANT INFORMATION

Form section for applicant information including fields for Legal Surname / Last name, Legal Given / First Name, Legal Middle Name, Date of Birth, Sex, Birthplace, Additional Names, Surname / Last Name, Given / First Name, Middle Name, Mailing Address, Residential Address, Contact Area Code & Phone No., and Driver's Licence or BCID #.

PART 2: VOLUNTEER ORGANIZATION INFORMATION

Form section for volunteer organization information including fields for To be completed by Authorized Contact, Volunteer Organization Name (KELOWNA GENERAL HOSPITAL FOUNDATION), Authorized Contact Name and Title (Nancy E. Wells), ID Number (1425148), Mailing Address (2268 Pandosy St.), City (Kelowna), Province (B.C.), Country (Canada), Postal Code (V1Y 1T2), and Office Area Code & Phone No. (250 862-4300 7497).

PART 3: POSITION WITH VOLUNTEER ORGANIZATION

Form section for position with volunteer organization including field for Volunteer's position/Job Title with volunteer organization.

PART 4: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

Form section for consent for release of information and acknowledgments including a signature line for the Applicant Signature and a date field for 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).

