

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 3 – Police Check Request Form
CMHO Standard(s):
Approved: October 2009

Page 1 of 1



Note: Form to be printed on Agency letterhead.
Appendix 3 POLICE CHECK REQUEST FORM
October 2009

As the authorized representative of a person or organization that is responsible for the well-being of one or more children or vulnerable persons as defined in Section 6.3(2) of the Criminal Records Act, I hereby request that the Police Service:

- Conduct a Vulnerable Sector Query (a check of the pardoned sex offender database must be done.)
- Conduct a Police Check

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Organization: **ST. LEONARD'S COMMUNITY SERVICES**

Authorized Representative: _____
Manager or Delegate

Representative's Signature: _____

Date: _____