



CHIEF OF POLICE  
POLICE HEADQUARTERS

615 Dundas Street

Woodstock, ON, N4S 1E1

Telephone: 519-537-2323 / 519-421-2800

Toll Free Number: 877-537-6277

Fax Number: 519-421-2818

**YOU MUST BE A RESIDENT OF THE OXFORD COMMUNITY POLICE SERVICE AREA AND/OR VOLUNTEER FOR AN ORGANIZATION WITHIN THE OXFORD COMMUNITY POLICE SERVICE AREA OR HAVE BEEN CONVICTED OF A CRIMINAL OFFENCE IN OXFORD COUNTY.**

PLEASE PRINT

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: (DAY) \_\_\_\_\_ (MONTH) \_\_\_\_\_ (YEAR) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

\$30.00 - Employment / Pardon Application / Immigration

\$ 5.00 - Volunteer Purposes/Adoption Clearances  
Student/College/University/Training Course Purposes  
(MUST HAVE PROOF OF VOLUNTEERING AND/OR ENROLMENT)

**IF VULNERABLE SECTOR CHECK IS REQUIRED PLEASE SEE BACK OF FORM**

I request Oxford Community Police Service to conduct a record check for CRIMINAL CODE and HIGHWAY TRAFFIC ACT OFFENCES. The result of this check will include all convictions for which a pardon has not been granted, as well as all pending criminal charges which have not yet been dealt with in Court (any form of release which lists conditions, warrants and all decisions of the Court which involve terms of Probation, Prohibitions or Recognizance Orders). I am aware that the information contained therein will be my property and I am responsible for any release I may make of that information.

I will not hold Oxford Community Police Service or its members responsible for any errors or omissions that may occur in the information. Criminal Code convictions can only be confirmed through the submission of fingerprints for comparison, which are done at an additional cost of \$26.75, including G.S.T.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

OFFICE USE:

DATE REC'D: \_\_\_\_\_ D/L#: \_\_\_\_\_

REC'D BY: \_\_\_\_\_ PASSPORT#: \_\_\_\_\_

FEE COLLECTED: \_\_\_\_\_ OTHER ID: \_\_\_\_\_

RECEIPT # ISSUED: \_\_\_\_\_

CNI	D/L	LOCAL
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**Form 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

*(This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable person, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the **Criminal Records Act** and has been pardoned.)*

**Identification of the Applicant:**

Full Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Previous Address(if any) within last 5 years: \_\_\_\_\_

**Reason for this Consent:**

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

**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 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 for, 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.

Signature

Date