

## Highlands Little League RCMP Police Information Check Procedures

**Every volunteer, including those who do not have regular contact with players, must complete a Police Information Check which includes a vulnerable sector check.**

The North Vancouver RCMP has given us the following instructions for North Vancouver resident Volunteers. It should help to make this a smooth process. If you are not a resident of North Vancouver, please contact our PIC Coordinator for instructions on how to obtain your PIC at [crc@highlandsbaseball.com](mailto:crc@highlandsbaseball.com)

The PIC request is included in this .pdf document and can be and filled out prior to completing the process in person at their local RCMP detachment. Alternatively, the detachment has printed copies for you to fill out.

### **Instructions:**

**1.** Complete the attached RCMP PIC form and print out the form along with the Highlands LL PIC letter included in this .pdf document. **Without this letter, you will have to pay for the CRC.**

**2.** Bring the completed form and the Volunteer Letter to your local RCMP detachment along with 2 separate pieces of government issued ID (e.g. passport, birth certificate, nexus, BC ID card, etc.). **\*\* Care Card & Social Insurance cards will NOT be accepted.** You must present a photo ID, and one form of identification showing your current address in North Vancouver (drivers licence is good because it has both a photo and your address). If you have no ID that shows your current North Vancouver address, a BC Hydro or similar bill showing your name and address will suffice in addition to your 2 pieces of government issued ID.

**3.** Once you receive your results, please scan and email them to us at [crc@highlandsbaseball.com](mailto:crc@highlandsbaseball.com). Please include the following in your email:

- **Your phone number, name, and volunteer role**
- **Please create a NEW email in a new message rather than replying to the reminder email you received**

### **Key Highlands Contact:**

**\*Do not mail your results to this address**

Aaron Walker  
Unit 75539

3050 Edgemont Blvd

North Vancouver, BC, V7R3S9

North Vancouver RCMP Detachment (for North Vancouver residents only)

147 East 14th St. 604-985-1311

### **FRONT OFFICE HOURS: MONDAY - FRIDAY 8:00am-6:00pm**

The front counter is CLOSED on Saturdays & Sundays and all stat holidays.

Please do not mail your CRC to us. It is recommended that you scan and email us a copy and retain the original for your records.

In some cases fingerprinting will be required. The RCMP will contact you with instructions if this is necessary. This usually occurs if your birth date matches that of a pardoned sex offender. If you have been asked to go for fingerprints, please let us know at [crc@highlandsbaseball.com](mailto:crc@highlandsbaseball.com) so we can update your record with the delay.



Highlands Little League  
Unit 75538  
3050 Edgemont Blvd.  
North Vancouver, BC V7R 4X1

February 1, 2024

To Whom It May Concern:

Highlands Little League Baseball has requested the bearer of this letter to obtain a Police Information Check and a Vulnerable Sector check. These volunteers will be directly responsible for players aged 3-18.

Volunteers should bring with them 2 pieces of government issued photo ID (e.g. BC Driver's License, Passport, Permanent Residency card etc.) along with this letter and filled in a request form.

Key Contact:

Aaron Walker  
Unit 75539  
3050 Edgemont Blvd  
North Vancouver, BC, V7R3S9

If you have any concerns regarding our request please contact Aaron Walker by email at [crc@highlandsbaseball.com](mailto:crc@highlandsbaseball.com)

Thank you,

Patrick Haney  
President  
Highlands Little League

# North Vancouver RCMP Police Information Check

<b>North Vancouver RCMP Office Use Only</b>	
Volunteer: <input type="checkbox"/>	Employment: <input type="checkbox"/>
Receipt#:	
Date:	C: <input type="checkbox"/> D: <input type="checkbox"/>

**IDENTIFICATION – one form must be photo ID (office use only).**

Type of ID Produced:	Number:
Type of ID Produced:	Number:

**INSTRUCTIONS FOR COMPLETION**

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

**Please complete clearly in ink**

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:  
Any applicable fee (see website for costs and payment options).  
One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.  
If you are unable to provide proper identification the police agency cannot complete your check.

**Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or US records, traffic tickets, or municipal bylaw offences.**

**The results of this check will not be forwarded to a third party**  
(with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

**PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)**

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME(S)</b>	
<b>PREVIOUS NAMES (including name changes and birth/maiden name)</b>					<b>SEX (circle one)</b> M F
<b>DATE OF BIRTH (YYYY/MM/DD)</b>		<b>PLACE OF BIRTH:</b>			
<b>ADDRESS (Apartment, street # and name)</b>		<b>CITY</b>	<b>PROV</b>	<b>POSTAL CODE</b>	
<b>PHONE NUMBER (residence)</b>		<b>PHONE NUMBER (cell)</b>			
<b>PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)</b>					<b>*Check Completed (office use only)</b>
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____		CITY: _____		PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

**REASON FOR APPLICATION (check appropriate):**  Volunteer (attach letter)  - Employment  Other (specify below)

**Key Contact Name:** \_\_\_\_\_

**Volunteer Agency/Employer Name:** \_\_\_\_\_

**Volunteer Agency/Employer Address and Phone Number:** \_\_\_\_\_

**IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS:**  YES  NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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**VULNERABLE SECTOR APPLICANTS:**

**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 persons, 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.

**Reason for 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(s).

Description of the paid or volunteer position (*what you will be doing*): \_\_\_\_\_

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):  
 \_\_\_\_\_

**Consent:** I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine 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 Minister of Public Safety 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 the 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 of Applicant	Date Signed
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**DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant**

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a “young person” (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant	Date signed
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Applicant Name

Applicant DOB

**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the North Vancouver RCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City or District of North Vancouver, their associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## North Vancouver RCMP Police Information Check – Application form

Persons requesting a Police Information Check must do so in person and must provide written consent using North Vancouver RCMP Police Information Check Form.

Proper identification must be produced: a government issued photo identification for the Primary Document, and a secondary document which verifies the Primary identification. One piece must contain the applicant's current address.

## Vulnerable Sector Applicants

Is your request for a Police information check related to work/volunteering with Vulnerable Persons?

- If you have checked **NO** - DO NOT complete the Vulnerable Sector portion
- If you have checked **YES** – complete the Vulnerable Sector portion

*\*Fee of \$25 payable by Certified Cheque or Money Order to "The Receiver General of Canada) is only required if applicant for employment is contacted to attend for VS fingerprint elimination.\**

*\*In order for the \$25 fee to be waived for volunteer applicants a letter from non-profit agency is required at time on fingerprinting\**

## Declaration of a Criminal Record (if applicable) (ONLY REQUIRED TO BE COMPLETED IF A CRIMINAL RECORD EXISTS)

### DECLARE THE FOLLOWING INFORMATION:

- All convictions for offences under federal law.

### DO NOT DECLARE THE FOLLOWING INFORMATION:

- Absolute discharges.
- Conditional discharges.
- Any offences while you were a "young person" (12 years old but less than 18 years old), pursuant to the *YOUTH CRIMINAL JUSTICE ACT*
- Any charges for which you were not convicted, for example, charges that were withdrawn or dismissed.
- Any provincial or municipal offences.
- Any charges dealt with outside of Canada.
- Any charges for which you received a stay of proceedings.

*\*If the applicant cannot recall all of his/her convictions, the process will be discontinued and the applicant will be required to submit fingerprints for a Certified Criminal Record\**