

**2008 SCOTTIES TOURNAMENT OF HEARTS VOLUNTEER SCREENING PROGRAM**  
**CRIMINAL RECORD CHECK**  
**SECURITY CLEARANCE REFERRAL FORM**

**NAME OF APPLICANT:** \_\_\_\_\_  
Surname Given Name Middle Name

**MAIDEN NAME and/or ANY OTHER NAMES USED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Apt. # Street/Avenue  
\_\_\_\_\_  
City/Town Province/Postal Code Telephone Number

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_ **SEX:** Male / Female  
Year / Month / Day

**APPLICANT ID:** (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Driver's License #, Saskatchewan Health #, Birth Certificate Registration #, or Passport #)

**STATEMENT OF CONSENT:**  
*I hereby consent to a Criminal Record Check registered in my name with the Police Force local indices and the National Repository for Criminal Records in Canada. I further consent, if required, to attend to the Forensic Identification Section of the Police Force for fingerprint confirmation. I understand that any and all information will be mailed directly to my address as listed above unless I authorize the waiver below.*

**Dated this day of 200\_ Signature:**

**WAIVER for CONSENT of RELEASE OF INFORMATION TO 2008 Scotties Tournament of Hearts:**  
*I consent to the release of any and all information pertaining to a Criminal Record registered in my name with the Police Force local indices and/or with the National Repository for Criminal Records in Canada to the authorized person of the 2008 Scotties Tournament of Hearts. I further agree to absolutely release, discharge and absolve the 2008 Scotties Tournament of Hearts and its employees from all claims, losses or damages including indirect or consequential, occasioned by me during, or as a result of, any investigation for a Criminal Record.*

**Dated this day of 200\_ Signature:**

**CONSENT FOR PERSONS APPLYING FOR POSITIONS WITHIN THE VULNERABLE SECTOR**  
*As an applicant for a volunteer position*  
i) *with an organization responsible for the well-being of one or more children or vulnerable persons, and*  
ii) *in a potential position of authority or trust relative to those children or vulnerable persons*

*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 2008 Scotties Tournament of Hearts, that information will be disclosed to that organization.*

**Dated this day of 200\_ Signature:**

**For internal office use:**  
Form Authorization Information: \_\_\_\_\_  
2008 Scotties Tournament of Hearts (Print Name) Position  
Signature: \_\_\_\_\_  
2008 Scotties Tournament of Hearts Authorized Person Verifying Information

**Please note: This original signed form must be mailed or delivered to the 2008 Scotties Tournament of Hearts Office – Unit T030C – Cornwall Centre – 2102 – 11<sup>th</sup> Avenue, Regina, Sask. S4P 3Y6**