

## Volunteer Enrollment Information

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Thank you for your interest in volunteering with Big Brothers Big Sisters of Saint John.

### **Volunteering for Big Brothers Big Sisters**

Volunteering can be a very rewarding experience. We offer an opportunity to learn new and useful skills and become involved with youth in a fun and supportive way. Many people find their experience very valuable when exploring education and work possibilities. Volunteering as an In-School Mentor/Big Brother/Big Sister/Big Couple is a way of making a real contribution to our community and to the lives of children.

### **Agency Mission Statement and Program Goals**

BIG BROTHERS BIG SISTERS of SAINT JOHN helps children reach their potential through professionally supported, one to one relationships. Through quality friendships we help children succeed.

The goals of the program include:

- Motivating children physically, intellectually, and socially in a school setting.
- Providing positive role models to children.
- Increasing the self-esteem, self-awareness and self-confidence of children.
- Developing assets in children to improve their opportunity for future success.
- Providing a rewarding experience to volunteers in the program.

### **Enrollment Process**

The steps of enrollment help the agency measure the candidate's safety, stability, commitment, health, lifestyle and rapport with children.

The enclosed Application Form has you provide personal information. Be assured that the documentation collected will be held in strict confidence and the information is treated with utmost respect. Feel free to keep this Enrollment Information Sheet, return all completed forms to the office. The Criminal Records Checks are performed differently at each local Police station. The Criminal Records Checks for the **Saint John** Police require a form to be completed by you and returned to the BBBS office who then sends them in to be completed. In **Grand Bay/Westfield, Hampton, Quispamsis/Rothesay** and **Charlotte County** the form is dropped off at the local RCMP station in person, but the office must call the detachment first and let them know an applicant is expected. The applicant must return to pick up the completed form and return it to the office. The applicant must return to pick up the completed form and return it to the office. Two pieces of valid identification must confirm your name, date of birth and address. One piece must have a photo.

We ask that you provide the names of three reference people who are contacted by phone. Referees are asked a standard series of questions addressing issues related to reliability, character, safety and experience with children.

### **Commitment**

#### **Traditional Big Sister/ Big Brother/ Big Couple**

Volunteers agree to commit to at least one (1) year once matched. The Agency recommends spending 3 to 4 hours a week with a Little Brother/ Sister. However, this is simply a guideline and remains flexible to meet the needs of volunteers. Regular, consistent contact is more important than a specific number of hours. For a child who needs an adult friend, sometime is better than no time.

Relationships are ideally long-term; however, the Agency understands that things in your life may change and you may have to stop volunteering. In this case, your Mentoring Coordinator will work with you to end your relationship in a compassionate and responsible manner. There is an expectation that there will be a closing interview with the Little Brother/ Little Sister, Big Brother/ Big Sister, parent and Mentoring Coordinator. This final meeting ensures the child, parent and volunteer have a chance to review the benefits of the match and that the child understands that s/he is not responsible for the match ending.

[Type text]

### **In School Mentoring**

Volunteers agree to meet with the child in the school for approximately one hour per week at a time agreed upon by all parties. Volunteers agree to commit to at least one school year once matched. Relationships are ideally long-term; however, the Agency understands that things in your life may change and you may have to stop volunteering. In this case, your Mentoring Coordinator will work with you to end your relationship in a compassionate and responsible manner.

### **Interviews**

Each candidate is asked to participate in an interview. This meeting provides an opportunity for discussion and for the candidate to get answers to questions s/he might have. The Mentoring Coordinator has the chance to gain an understanding of how the candidate's skills and interests fit with the work of Big Brothers Big Sisters. The interviews are also an opportunity for training and learning about the program's expectations so they can be lengthy.

### **Training**

All program participants go through the Child Safety and Mentor Training. This training will include:

1. information to help children, parents and volunteers acquire appropriate safety knowledge and skills (including abuse prevention)
2. self-esteem building information and exercises
3. information on how all parties should handle reports of unsafe and/or inappropriate behavior (including agency policies on match suspension and volunteer dismissal)

You may also be encouraged to attend various other training opportunities as they become available.

### **Child and Parent Application Process**

Children in the programs are usually between the ages of 7 and 13 years when matched, however in special circumstances children may be slightly younger or older. Please let the Mentoring Coordinator know if you are interested in spending time with an older youth. Children may come from a variety of backgrounds and home situations. All the children have been identified as likely to benefit from extra adult support in their lives. Although most children in the programs are eventually matched, there are always some children that never benefit from the program due to a shortage of volunteers.

To be accepted onto the Big Brother Big Sister program waitlist the child must support the idea of having a Big Brother or Big Sister. The parent and the child are both interviewed as well to determine suitability for the program, the child's interests, background and needs.

### **Establishment of the Match and Support**

#### **In School Mentoring**

Once the enrollment process has been completed and a potential match has been identified the Mentoring Coordinator will invite the child, parent, volunteer and the teacher to an official match meeting. The program expectations are reviewed and a meeting day and time is decided upon.

#### **Traditional Big Sister/ Big Brother/ Big Couple**

Once the enrollment process has been completed and a potential match has been identified, if the parent and prospective volunteer agree to take the next step, the Mentoring Coordinator will invite the child to an official match meeting. The program expectations are reviewed with the Little Brother/ Little Sister, Big Brother/ Big Sister and the parent. If the volunteer and the child both agree to enter into a match, a Friendship Agreement is signed. Program participants are given a membership card that identifies them as a member of the agency. The matched participants are invited to attend agency hosted activities and will receive emails regularly. The Mentoring Coordinator's contact with volunteers, parents, and children happens regularly to ensure the match is going well.

**It is part of your responsibility as a Volunteer to stay in touch with your Mentoring Coordinator.**

## BIG BROTHER/ BIG SISTER/ MENTOR ENROLLMENT FORM

*\*Grey highlighted areas are not relevant to In School Mentor Enrollment – please ignore those sections.*

Enrollment form volunteer with the following program (check one):

<input type="checkbox"/> Big Brother	<input type="checkbox"/> Big Sister	<input type="checkbox"/> Big Couple	<input checked="" type="checkbox"/> In school Mentor	<input type="checkbox"/> Group programs
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FULL NAME: Caleb Brett HOME PHONE: 987-0988-4098

WORK PHONE: 287-0988-4098 CELL PHONE: 187-0988-4098 BIRTH DATE: 1999-03-24

ADDRESS: 40 Colledge Hill Rd. POSTAL CODE: E4E-837

How long at this address? 4 years How long have you lived in the area? 17 years

If you have lived in Saint John area for less than a year, please provide the city/town where you previously lived and for how long:

EMAIL: caleb5567@gmail.com Do you check e-mail regularly? Yes

Marital status: ☐ single ☐ separated ☐ common-law

☐ married ☐ divorced ☐ widowed

Motor Vehicle Available? YES or NO If no, describes an alternate plan for transportation: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

How long at present employment? \_\_\_\_\_ Work hours: \_\_\_\_\_

Do you have at least \$1 million auto insurance coverage? <input type="checkbox"/> YES or <input type="checkbox"/> NO
Have you been charged with any traffic violations or had you licence suspended? <input type="checkbox"/> YES or <input type="checkbox"/> NO
Is there anyone else living in your home? <input type="checkbox"/> YES or <input type="checkbox"/> NO
Do you have pets? <input type="checkbox"/> YES or <input type="checkbox"/> NO If yes, what type/size or pet?

How did you learn about the agency? Circle one, TV RADIO NEWSPAPER FRIEND/FAMILY EVENT WEB  
SOMEONE INVOLVED (Little, Big, Staff) OTHER: \_\_\_\_\_

Have you ever applied to become a volunteer with a youth-serving organization before?

Are you anticipating changes in your life over the next year? (Job, moving, marital status, children) If yes describe:

Explain why you want to volunteer with Big Brothers Big Sisters now:

Describe any training, education, paid or unpaid work or personal experience that would assist you in your position as a mentor, i.e., any experience you have with children between the ages of 6 and 15 years of age:

Are you a member of any clubs, affiliations or organizations?

What are your interests, hobbies or activities?

Are you interested in volunteering in other areas of the agency? If so, where?

Have you been arrested, charged, convicted or pardoned of a criminal offence? ☐ YES or ☒ NO

Have you ever been accused, arrested, convicted or pardoned of a sexual offense involving a child or children?

☐ YES or ☒ NO

[Type text]

## REFERENCES

The Agency requires the names of THREE references for every volunteer candidate. The agency will be contacting each person regarding your application. Complete the following information **fully and legibly**. PLEASE SUPPLY FAX NUMBERS OR E-MAIL ADDRESSES FOR FASTER RESPONSE. Be sure to let your Reference people know we will be contacting them.

1. A **vulnerable sector** reference (if volunteered with children or seniors) or **employer/supervisor** reference (if unemployed, an instructor) who has known you for at least TWO years:

NAME: OCCUPATION/PROFESSION:

How long has s/he known you?

Address:	City/Prov:	Postal Code:
E-mail:	Phone#:	Work#:
Fax#:		

If the above referee is not a current supervisor, may we contact the supervisor listed on the previous page? \_\_\_\_\_

If yes, please provide how long has s/he known you? \_\_\_\_\_

Address:	City/Prov:	Postal Code:
E-mail:	Phone#:	Work #:
Fax#:		

2. A **Significant Other** or **Family Member** reference who has known you for at least TWO years:

NAME: RELATIONSHIP

How long has s/he known you?

Address:	City/Prov:	Postal Code:
E-mail:	Phone#:	Work#:
Fax#:		

3. A **Personal reference** (a person, not related to you) who has known you for at least TWO years:

NAME: RELATIONSHIP

How long has s/he known you? In what capacity?

Address:	City/Prov:	Postal Code:
E-mail:	Phone#:	Work#:
Fax#:		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE NOTE:

If you live in Saint John, bring the completed Criminal Record Check form attached back to the office, if you live in Grand Bay/Westfield/Hampton/Sussex/Charlotte County Please visit the local RCMP station after notifying the Big Brothers Big Sisters Office and return the completed Criminal Records Check form to the office, or if you live in Rothesay/ Quispamsis

[Type text]

please visit the Regional Police station (be prepared to pay \$10) then return the completed Criminal Records Check form to the office. Feel free to keep information documents for reference and return all other completed forms to office.



## Permission and Release Form

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers Big Sisters of Saint John is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

If I am matched, I understand that I am solely responsible for the care of, and will supervise, the child with whom I am matched during outings and activities. I understand and will abide by the job description, code of conduct and confidentiality guidelines of the agency.

I hereby authorize Big Brothers Big Sisters of Saint John to contact any or all of the references listed herein for the purposes of processing my application to become a volunteer in the Agency's program. I further authorize Big Brothers Big Sisters of Saint John to contact other agencies or individuals referred to in my application for the purpose of acquiring necessary information. I understand that these references will be contacted in confidence and may be contacted at a later date if I am matched with a Little. I hereby waive the right to request disclosure of the personal references given about me.

I further authorize any individuals, firms, corporations, government or other regulatory departments, and Police Department or other organization to release information and copies of documents pertaining to myself to Big Brothers Big Sisters of Saint John in order to consider my application to volunteer in the agency's program, on the understanding that such information will be held in strict confidence.

I hereby release and forever discharge Big Brothers Big Sisters of Saint John, and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with Big Brothers Big Sisters of Saint John.

I give permission for Big Brothers Big Sisters of Saint John to release pertinent information regarding my file to the parent of the child in the process of match selection. Further, I agree to allow my file to be viewed by the Agency Accreditors for Big Brothers Big Sisters of Canada, at the time of the agency accreditation, should it be requested. I further grant Big Brothers Big Sisters of Saint John permission to release my name, date of birth, agency applied to and notice of acceptance, rejection or withdrawal to Big Brothers Big Sisters of Canada and for relevant details to be shared within the movement.

I understand that this application and subsequent information in my file is the property of Big Brothers Big Sisters of Saint John. I understand that if Big Brothers Big Sisters of Saint John should cease operation, my complete file becomes the property of Big Brothers Big Sisters of Canada. I understand that the information in my file will be retained by Big Brothers Big Sisters of Canada for a period ending 100 years after the close of my final match.

The implications of the waiver have been explained to me. I understand and consent to them. I further agree that this waiver is made of my own free will and without duress.

Printed Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

I do ☒ OR do not ☐ the agency permission to use my picture or personal match experiences for publicizing and promoting the work of the agency in a public venue.

[Type text]



Release to share information with individuals outside of the BBBS movement will expire within one year of the above date.

## Confidentiality Policy

All staff and volunteers of Big Brothers Big Sisters of Saint John are required to abide by this Confidentiality Policy. Any breach of this policy will be considered grounds for termination.

Agency Service Delivery Staff will explain the confidential nature of our service to the volunteer, child and parent/guardian as early as possible in the orientation and/or screening process. At all times thereafter Service Delivery Staff will ensure the privacy of case information.

Information contained in the Casework files will not be disclosed by the Agency to any person without written approval of said person except in the following cases:

- where the safety of a child depends upon divulging this information. This could include suspicion of neglect or abuse of a child. The proper authorities will be informed when necessary, which could result in the disclosure of confidential information without written consent from the person;
- when subpoenaed by the courts;
- where required by law.

In the event that confidential information is requested to support a custody or access application, or for any court matter other than a "child protection" case, the agency will only release the information if required to do so by a Judge's Order.

No staff member or volunteer shall use confidential information from the agency to advance any personal interest, financial or otherwise.

In accordance with Big Brothers Big Sisters of Canada's National Standards:

- No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, and its agents, about parents, children or volunteers without their express prior written consent except where required by law.
- All information and records, including electronic records, shall be kept secure (for example, in a filing cabinet, desk, etc. under lock and key, password protected, etc.) and confidential at all times.

Case records will be accessible only to the Caseworker, Executive Director, Casework Supervisor, and in appropriate situations, other Caseworkers.

All staff and volunteers will respect the privacy of clients, volunteers, board/committee members, staff and hold in confidence any information pertaining to Big Brothers Big Sisters of Saint John. All staff and volunteers will not divulge confidential information from this agency when employment has ended.

I understand the agency's policy around confidentiality and agree to abide by those rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

[Type text]

# Job Description – In-School Mentor

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As an In-School Mentor, you share with each member of this Agency, a valued reputation. We symbolize friendship, responsibility, trust, and a concern for the protection and well-being of children. As an integral part of our team, we expect that you will comply with the following:

## General Description

*In-School Mentors will:*

- meet with the child in the school for approximately one hour per week at time agreed upon by all parties
- be a friend to the child
- be a consistent and positive role model by modeling responsible behaviors such as reliability, respect, honesty, appropriate manners etc., along with a concern for the protection and well-being of children
- be supervised by the Agency Caseworker and will remain accountable to her/him
- meet with Agency Caseworker in person or by phone a minimum of three times per year at the beginning, middle and end of the school year
- work with the school and the Program Liaison in the school to create a positive relationship
- report any concerns to the Agency Caseworker and/or the School Liaison

In accordance with Big Brothers Big Sisters of Canada's National Child Safety Standards, all In-School Mentors will meet with their mentee on school property when school staff are available. In-School Mentors must follow the Agency's policies about attendance at agency-sponsored events and school events such as assemblies. In-School Mentors must also follow Agency policy covering the provision of transportation to the In-School mentee to such events.

## Qualifications and Requirements

*In-School Mentors will:*

- have the ability to relate to children and adults, to adapt to change, and to work with the Agency as a team member
- make a commitment to see the child for approximately one hour each week
- be personally suitable and mature, and exhibit mental and emotional competence
- make use of the casework service to support a positive relationship
- be reliable and of good character, dependable, punctual, honest, fun-loving and committed to open communication
- have the ability and willingness to support the mission of the organization
- successfully complete each phase of the Agency's screening process
- participate in Child Safety Program administered by the Agency
- agree to function within the guidelines of the agency and the school
- meet the agency's minimum age requirements

# Job Description – Match Volunteer

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As a Big Brother or a Big Sister, you share with each member of this Agency, a valued reputation. We symbolize friendship, responsibility, trust, and a concern for the protection and well-being of children. As an integral part of our team, we expect that you will comply with the following:

## General Description

*Big Brothers, Big Sisters will:*

- be a friend to the child, and maintain contact on a regular and consistent basis
- be a consistent and positive role model by modeling responsible behaviors such as reliability, respect, honesty, appropriate manners etc., along with a concern for the protection and well-being of children
- be supervised by the Agency Caseworker and will remain accountable to her/him

## Qualifications and Requirements

*Big Brothers, Big Sisters will:*

- have the ability to relate to children and adults, to adapt to change, and to work with the Agency as a team member
- make a commitment to see the child on a regular and consistent basis
- be personally suitable and mature, and exhibit mental and emotional competence
- make use of the casework service to support a positive relationship
- be reliable and of good character, dependable, punctual, honest, fun-loving and committed to open communication
- have the ability and willingness to support the mission of the organization
- successfully complete each phase of the Agency's screening process
- participate in the Child Safety Program administered by the agency
- review the match with agency staff at regularly scheduled times
- agree to function within the guidelines of the agency
- meet the agency's minimum age requirements

## Roles and Responsibilities

- Be clear in communication with the parent involved, particularly around contacts, timing, planned activities and other issues of concern
- Take initiative in arranging outings with the Little
- Always let the Little know when s/he can expect to see you next
- Keep every appointment with the Little unless it is absolutely impossible
- Allow the Little to develop the friendship at her/his own pace
- Respect the role of the parent
- Notify the Agency of any address or phone number change, or any personal change that could impact the match
- Promptly report any concerns about the match to the Agency
- Respect the privacy and comfort level of the Little and his/her family
- Maintain contact and work with the caseworker to clarify and resolve issues
- Follow Agency protocol; abide by child abuse reporting protocol and legislation
- Comply with agency standards regarding code of conduct for Big Brothers Big Sisters
- In the event of match closure, be sensitive to the Little's concerns and needs, and work with Agency to facilitate a positive end to the match

Focus on friendship. Share experiences that will enable you both to learn and grow and HAVE FUN TOGETHER!





**APPLICATION FOR CRIMINAL RECORD CHECK (For those who live in Saint John)**  
**Please Print**

<b>Full Name:</b> Caleb Brett	<b>Former Names Used:</b> (ie: Maiden)
<b>Sex:</b> Male	<b>Date of Birth</b> (yyyy-mm-dd): 1999-03-24
<b>Phone Number:</b> 987-0988-4098	<b>Employee/Student Number:</b>
<b>Organization/Employer:</b>	
<b>Description of paid or volunteer position:</b>	

**NOTE:** Applications not properly filled out using requested name and date formatting will not be accepted.

**Authorization for Release of Personal Information**

I hereby authorize (**Big Brothers Big Sisters of Saint John, Inc.**), and/or his/her designate to collect, use, retain, distribute and update as required the information relating to my activities past and present, on my behalf as required for purposes relating to my employment and/or volunteer position with (**Big Brothers Big Sisters of Saint John, Inc.**).

I also understand and further authorize the members/agents of the Saint John Police Force to conduct a criminal records check that will include a Canadian Police Information Centre (CPIC) background check for a criminal record, a regional Justice Information System (JISNB) check as well as a local police records background check. A vulnerable sector check will also be conducted for any individual who will be seeking employment and/or a volunteer position with children or vulnerable persons. As set out within the Criminal Records Act of Canada, a consent for verification application form (Form 1) must be completed by the applicant. (See attached if applicable).

In any case where a possible match is identified, the applicant will be required to attend, in person, the Forensic Identification Section office of the Saint John Police Force, 5th Floor, City Hall, Saint John, N.B.

I hereby release and discharge the Saint John Police Force and all their agents from any and all claims, actions and demands for damages, loss or injury of any nature arising from disclosure of information. Furthermore, I understand that upon the disclosure of information, the Saint John Police Force and all their agents waive any responsibility for its use and or subsequent dissemination by myself.

I understand that the information may be retained by (**Big Brothers Big Sisters of Saint John, Inc.**) and/or its affiliated companies in a secure location for the purposes of auditing this process and resolution of appeals. As per the Criminal Records Act of Canada, a person or organization that acquires information under this section in relation to an application for a position shall not use it or communicate it except in relation to the assessment of the application.

_____	_____	_____
<b>Name (print)</b>	<b>Signature</b>	<b>Date (yyyy-mm-dd)</b>

(Staff must confirm the following information from 2 pieces of ID presented by applicant: Photograph, Name, DOB and Address)

<b>OFFICE USE ONLY</b>		
<input type="checkbox"/> <b>Driver's Licence/ ID Card</b>	<input type="checkbox"/> <b>Student ID</b>	<input type="checkbox"/> <b>Passport</b>
<input type="checkbox"/> <b>Birth Certificate</b>	<input type="checkbox"/> <b>Medicare Card</b>	
<input type="checkbox"/> <b>Other</b> _____		
_____	_____	_____
<b>Verified By (print)</b>	<b>Signature</b>	<b>Date (yyyy-mm-dd)</b>
<b>POLICE USE ONLY</b>		
<input type="checkbox"/> <b>Negative</b>	_____	_____
<input type="checkbox"/> <b>May/May not</b>		
	<b>Signature</b>	<b>Date (yyyy-mm-dd)</b>

Forensic Identification Section

[Type text]



This background check is for a  
volunteer position with Big Brothers



Royal Canadian  
Mounted Police  
Canadian Police  
Information Centre

Gendarmerie royale  
du Canada  
Centre d'information de la  
Police canadienne

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.*

**Identification of the Applicant**

Surname		Given Name(s)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (Y-M-D)	Place of Birth	Current Address	
Previous addresses, if any, within the last 5 years			

**Reason for the 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 persons.*

Description of the paid or volunteer position	Name of the person or organization
Details regarding the children or vulnerable person(s)	

**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 Minister of Public Safety and Emergency Preparedness 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.*

**Canada**

A National Police Service of the  
Royal Canadian Mounted Police

RCMP GRC 3923e (2006-07)

Signature of Applicant	Date (Y-M-D)
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[Type text]

Send to: **Berrie Williams** Fax: 506-556-5013  
 Social Development  
 Centralized Intake Service  
 774 Main Street, 2<sup>nd</sup> Floor  
 Moncton, NB E1C 9Y3  
 (506-856-2236)

Return to:

**Big Brothers Big Sisters of Saint John**  
 3rd Level Brunswick Square  
 39 King Street  
 Saint John, N.B. E2L 4W3

You should indicate if it is for:

- ☐ Initial Check  
☐ Five year renewal  
☐ Other

### SD Record Check Consent Form - Appendix C

Name of Agency / Service: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### PLEASE PRINT

Full Name of Applicant: \_\_\_\_\_  
 Surname First Name Middle Name  
 Maiden Name: \_\_\_\_\_ Other(s) surname(s): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M ☐ F ☐ Previous employer: \_\_\_\_\_  
 Year Month Day  
 Current address: \_\_\_\_\_  
 Previous Addresses (within past five years): \_\_\_\_\_

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting an SD Record Check & disclosing information obtained through that record to the aforementioned care provider.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the *Family Services Act*.

Any individual who has one of the following criteria (fitting the definition of "contravention indicator"):

- a court order based on a finding by the court that a person has endangered a child's security or development as described in paragraphs 31(1)(c) to (g) of the Act or a person's security as described in paragraphs 37.1(1)(a) to (g) of the Act;
- a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security or development of a child as described in paragraphs 31(1)(c) to (g) of the Act, where the person has been informed of the finding of the Minister; and
- a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security of another person as described in paragraphs 37.1(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister; who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user.

Shall not be permitted to:

- operate or work in a day care facility, adult residential facility, child placement facility (for example: a foster home or group home), in an AFPA or an Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility unrelated out of a personal residence;
- provide home support services, such as attendant care, and housekeeper;
- become an adoptive parent.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization. Individuals not in agreement with the outcome of their record check may request, in writing, and administrative review. Applicants may request an exemption to their contravention if three years have passed and the applicant can demonstrate positive personal changes.

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Signature of applicant

☐ Contravention not indicated ☐ Contravention indicated Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PROVIDE A COPY OF THIS PAGE TO THE AGENCY OR SERVICE FOR ITS RECORD** (Sept 2013)