

**REQUEST AND CONSENT TO DISCLOSURE OF PERSONAL INFORMATION***This request is for a volunteer position with the St. John Ambulance Brigade*

PLEASE PRINT

SURNAME		GIVEN NAMES			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)			DATE OF BIRTH      YY   MM   DD		
PLACE OF BIRTH	SEX	(AREA CODE) TELEPHONE # (RES.)	DRIVER'S LICENCE NUMBER		
NUMBER	STREET	APT/UNIT #	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:

\*\*PROVIDE PREVIOUS ADDRESSES IF YOU HAVE NOT RESIDED AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS.

NUMBER	STREET	APT/UNIT #	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:
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**WAIVER & RELEASE**

I HEREBY REQUEST THE \_\_\_\_\_ POLICE SERVICE TO UNDERTAKE A CRIMINAL REFERENCE CHECK ON ME BY SEARCHING ALL INFORMATION AND RECORDS TO WHICH IT HAS ACCESS AND WHICH IT CONSIDERS APPROPRIATE FOR THE PURPOSES OF THE SEARCH, AND PROVIDE ME WITH A SUMMARY OF ANY INFORMATION DISCOVERED AS PART OF THAT CHECK. IN THE EVENT THAT NO INFORMATION ABOUT ME IS DISCOVERED AS PART OF THAT CHECK, I CONSENT TO THE \_\_\_\_\_ POLICE SERVICE DISCLOSING THAT FACT TO ST. JOHN COUNCIL FOR ONTARIO. IN THE EVENT THAT INFORMATION ABOUT ME IS PROVIDED TO ME, I CONSENT TO THE \_\_\_\_\_ POLICE SERVICE DISCLOSING THAT FACT TO ST. JOHN COUNCIL FOR ONTARIO.

**TO ST. JOHN COUNCIL FOR ONTARIO, IN CONSIDERATION**, of compliance of the foregoing authorization, I, for myself, my heirs, executors, administrators, successors, and assigns **HEREBY RELEASE WAIVE AND FOREVER DISCHARGE** the \_\_\_\_\_ Police Service Board, the \_\_\_\_\_ Police Service, the Chief of Police, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors, and assigns **OF AND FROM ALL** claims, demands, damages, costs, expenses, actions, causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property **HOWSOEVER CAUSED**, resulting from or alleged to result from my compliance with the foregoing authorization. And I do further waive any and all rights I may now or hereafter have with respect to the release of such records as set out heretofore.

## NOTE:

- The information provided is to be used by St. John Council for Ontario to assess suitability for the purpose noted above and does not necessarily mean the applicant will be disqualified from the position by St. John Ambulance.
- Pursuant to Section 44(1) of the *Young Offenders Act*, a young offender record can be made available to the young person to which the record relates and for the purpose of granting a security clearance in accordance with Section 44(1) of the *Young Offenders Act*.

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

Signature of St. John Ambulance Witness \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_\_.

For further information: Provincial Chief Staff Officer  
 Manager, Community Services  
 St. John Council for Ontario  
 46 Wellesley Street East  
 Toronto, ON M4Y 1G5  
 Telephone (416) 923-8411 or 1 800 268-7581, Ext. 243