



Coquitlam Metro-Ford Soccer Club Criminal Record Check Process



Updated August 2019



Criminal Record Check Process

Please be advised that pursuant to the policies of the Coquitlam Metro-Ford Soccer Club, as mandated by B.C. Soccer and all governing Districts, the criminal screening process is due once every three years by all volunteers and staff. The club takes the policies very seriously and the safety of our players is very important.

Reminder emails will be sent out to volunteers regarding the process prior to the start of the season. Also, throughout the season when a volunteer's CRC is coming due, the Risk Management Coordinator will contact the volunteer approximately one month prior to the expiry date. The board of directors makes all final decisions on volunteers and staff who do not comply with the screening process.

All volunteers and staff are required to complete the screening process as outlined below. There are three options for members, on-line and in person at your local police station or provide existing CRC's.

IN PERSON PROCESS

All volunteers, please complete the following steps.

- 1)** Print copies of the CRC form and the Letter of Request included in this document. Individual forms are also available on our website at:
<http://www.cmfsc.ca/club-forms>
- 2)** Complete forms as necessary with your personal information.
- 3)** Bring completed forms to the Coquitlam RCMP at 2986 Guilford Way (or Police Services in your city) for processing with the following:
 - Two pieces of Government ID (drivers license/care card/passport). One must have a picture. SIN card not accepted.
 - Fingerprinting may be asked for and is done on site Monday – Saturday 10am – 12pm
 - During most months (other than Sept) CRC's are done while you wait.

- 4) For those residents outside of Coquitlam, following are the instructions:
- Please make sure you have the Letter of Request – Non Resident, along with all other forms and provide that to your local police station.
 - If a payment is required, please pay as requested
 - Provide a valid receipt when your completed form is dropped off and CMFSC will reimburse you.
- 5) Completed criminal record checks (approved by the RCMP or the local police) are to be scanned to riskmanager@cmfsc.ca *Please scan as one document, not multiple pages.

ON-LINE PROCESS

- 1) CMFSC has enrolled in an on-line process through the BC Government. It is the Criminal Records Review Program (CRRP). It is a free service for our volunteers.
- 2) To access, go to <https://justice.gov.bc.ca/eCRC/home.htm>
- 3) Access Code: XJFNTJCLXY
- 4) Follow the steps and provide the required information
- 5) You will be asked to provide ID. Following is what is acceptable:

List of accepted Primary ID:

Issued by ICBC:

B.C. Driver's Licence or learner's licence (must have your photo)

B.C. Identification (BCID) card

B.C. Services Card (must have your photo)

Issued by provincial or territorial government:

Canadian birth certificate

Issued by Government of Canada:

Passport

Canadian Citizenship Card

Permanent Resident Card

Canadian Record of Landing/Canadian Immigration Identification Record

List of accepted Secondary ID:

- School ID card (student card)
- Bank card (only if applicant's name is on card)
- Credit card (only if applicant's name is on card)
- Foreign birth certificate (a baptismal certificate is not acceptable)
- Canadian or U.S. driver's licence
- Naturalization certificate Canadian
- Forces identification Police identification
- Foreign Affairs Canada or consular identification
- Vehicle registration (only if applicant's signature is shown)
- Picture employee ID card
- Possession and Acquisition Licence (PAL)
- Social Insurance Card (new style without signature strip not acceptable)
- B.C. CareCard
- BC Services Card (with or without photo)
- Native Status Card
- Parole Certificate ID
- Correctional Service Conditional Release Card

- 6) Once completed, the results will be sent to the club.
- 7) For additional information on the program, please go to the following website:

<http://www.pssg.gov.bc.ca/criminal-records-review/volunteer/index.htm>

EXISTING CRC'S

- 1) The club will accept existing CRC's from other organizations that you may have done one for, provided it was done within the last 3 years.

THINGS TO KNOW

- 1) Make a copy of your CRC and file it away
- 2) We accept scanned versions of your CRC. Those can be sent to: riskmanager@cmfsc.ca
- 3) We will not accept pictures of your CRC with a smart phone or partially sent documents. We are required to have the completed version of any approved CRC, including the bottom signature.



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Forms





COQUITLAM RESIDENT LETTER

Coquitlam R.C.M.P.
2986 Guildford Way
Coquitlam, B.C.
V3J 7Y5

Re: _____ Volunteer: Yes _____ No _____
(Name) (Please check)

To Whom It May Concern:

Subject: – Official of Coquitlam Metro-Ford Soccer Club

Please be advised that the Coquitlam Metro-Ford Soccer Club policies require all Coaching Staff, Team Officials, Directors and Executive Members to complete a Criminal Record Check once every three years.

Your cooperation is requested in providing the volunteer named above with a Criminal Record Check for their delivery to the Risk Management Coordinator, Joseph Basic @ riskmanager@cmfsc.ca or 604-880-7893.

As these applicants are volunteering their time, we request that the R.C.M.P. waive any fees associated with the completion of this Criminal Record Check.
Thank you for your cooperation in this regard.

Sincerely,

Joseph Basic
Risk Manager
Coquitlam Metro Ford-Soccer Club





NON COQUITLAM RESIDENT LETTER

To whom it may concern:

Re: _____ Volunteer: Yes _____ No _____
(Name) (Please check)

Subject: – Official of Coquitlam Metro-Ford Soccer Club

Please be advised that the Coquitlam Metro-Ford Soccer Club policies require all Coaching Staff, Team Officials, Directors and Executive Members to complete a Criminal Record Check once every three years.

Your cooperation is requested in providing the volunteer named above with a Criminal Record Check for their delivery to the Risk Management Coordinator, Joseph Basic @ riskmanager@cmfsc.ca or 604-880-7893.

As these applicants are volunteering their time, we request that the R.C.M.P. or any respective jurisdiction waive any fees associated with the completion of this Criminal Record Check.

Thank you for your cooperation in this regard.

Sincerely,

Joseph Basic
Risk Manager
Coquitlam Metro Ford-Soccer Club



Coquitlam RCMP-GRC Police Information Check

Police Use Only	
File No.:	
Applicant No.:	

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, Motor Vehicle Act offences 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).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME		FIRST NAME		MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)					SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)		PLACE OF BIRTH:			
ADDRESS (Apartment, street # and name)		CITY	PROV	POSTAL CODE	
PHONE NUMBER (residence)		PHONE NUMBER (cell)			
PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)					*Check Completed (office use only)
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: Joseph Basic - VP Operations

Volunteer Agency/Employer Name: Coquitlam Metro Ford Soccer

Volunteer Agency/Employer Address and Phone Number: 2257 King Albert Avenue, Coq V3J 1Z8 604-880-7893

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

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

Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Coquitlam RCMP-GRC 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 of Coquitlam, its 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*******

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

NOTES (office use only):
