

**THE SOCIETY OF ST. VINCENT DE PAUL  
NATIONAL COUNCIL OF CANADA**

**Membership Application**

(Please complete the front and back of the application)

Existing Member  New Member  Renewal

Conference Name \_\_\_\_\_ Council Name \_\_\_\_\_

Parish Name: \_\_\_\_\_

Member Since: (D/M/Y) \_\_/\_\_/\_\_

Salutation: Mr.  Mrs.  Ms.  Bro.  Sr.  Rev.  Other

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Day( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Gender: Male  Female  Date of Birth (D/M/Y) \_\_/\_\_/\_\_

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E-mail address: \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information**

Salutation: Mr.  Mrs.  Ms.  Other

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Day( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Other Volunteer Activities**

Name of Organization: \_\_\_\_\_ Role \_\_\_\_\_ Length of Service \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Role \_\_\_\_\_ Length of Service \_\_\_\_\_

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**References** (Please provide 3 references whom we may contact, there should be not more than one family member. As a courtesy please obtain the permission of your reference. References related to previous volunteer or parish work will be most suitable.)

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Day( ) \_\_\_\_\_ Evening( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_.

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Day( ) \_\_\_\_\_ Evening( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_.

3. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Day( ) \_\_\_\_\_ Evening( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_.

Date of Application: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



APPLICATION FOR

CRIMINAL RECORDS SCREENING CERTIFICATE

Please complete this form and submit with a \$20.00 fee (non-refundable) to the RNC Cash Office, at 1 Fort Townsend off Parade Street. Interac is available for your convenience.

Cash Office is open from 9:00 - 4:30 weekdays. Summer hours are 9:00 – 4:00 weekdays.

Processing will take a minimum of ONE WEEK, excluding weekends and holidays.

An Applicant must provide: two (2) valid pieces of identification, one of which must be government-issued and include the Applicant's name, date of birth, signature and photo.

SECTION 1

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
(b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
(c) With the exception of SECTION 2 of this application, I understand that any certificate that may be issued in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person or body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.
(d) The disclosure of any information resulting from this search is my responsibility.

Last Name: Maiden Name:

Name (Proper birth names required) First Second Third

Home Phone# Work Phone #

Date of Birth: City/Town and Province of Birth:
Year Month Day

Current Street Address: City/Town:

Province: Postal Code:

Gender: Height: Weight: Eye Colour:

APPLICANT'S SIGNATURE: DATE:

If you answer "yes" to any of the following question, please attach details.

1. Have you been convicted of any offence in Canada or the United States? YES NO If yes, Details:

2. Have you ever changed your name? YES NO Previous Name: First Second Last

3. Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance? YES NO If yes, Details:





## Consent for Criminal Record and Vulnerable Sector Check (For a Sexual Offence for Which a Pardon has been Granted or Issued)

**Note:** *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.*

### **Reasons 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: \_\_\_\_\_

The name of the person or organization is: \_\_\_\_\_

Provide details regarding the children or vulnerable persons: \_\_\_\_\_

\_\_\_\_\_

### **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 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 person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth (Y/M/D)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Maiden Name (please print)