

Authorization for Release of Information

Client Information (Please type or print clearly, illegible information cannot be processed) *Required Fields

Name of Company	Client Account
MAILING ADDRESS STREET / PO BOX / RR# CITY/PROVINCE/STATE POSTAL CODE / ZIP CODE	

Applicant Information

I authorize the above named company through its "Agent" to obtain information regarding:

1. Criminal records which relate to me; Police files, from any law enforcement agency, Canadian or otherwise, which relate to me;
2. Employment or Personal reference verification and/or Education, professional license verification which relate to me;
3. Contents of any past and/or present Workers Compensation claims which relate to me;
4. Consumer credit report which relates to me, and/or;
5. Driver's abstract/record from the province of.

Please check appropriate box(es) below:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Criminal Records Search | <input type="checkbox"/> Credit Bureau Report | <input type="checkbox"/> Driver's Abstract | <input type="checkbox"/> Employment verification |
| <input type="checkbox"/> Child Abuse Registry | <input type="checkbox"/> Education/Professional Accreditation | <input type="checkbox"/> WCB Claims | |
| <input type="checkbox"/> Global Terrorist Watch List | <input type="checkbox"/> Social Networking Research | <input type="checkbox"/> Personal Reference Verification | |

I also hereby consent that any information that is obtained by the foregoing search processes may be released to the above named company, the party requiring the security through its Agent, at the discretion of the processing Canadian Police Department. I certify that the information set out by me in this application is true and correct to the best of my ability. I hereby release the above named company, and forever discharge all members and employees of the processing Police Department; and its Agents from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the processing Police Department to the organizations listed herein. Information is Collected and Disclosed according to the Personal Information Protection Act (PIPA), the Personal Information Protection & Electronic Documents Act (PIPEDA) or the Municipal Freedom of Information & Protection of Privacy Act (MFIPPA).

Applicant:	LAST	FIRST	MIDDLE	MAIDEN (if applicable)
Address for Applicant	STREET / PO BOX / RR #			
	CITY / PROVINCE / STATE		POSTAL CODE / ZIP CODE	
Telephone #:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Driver's Lic #	
Date of Birth:	YEAR	MONTH	DAY	Place of Birth: CITY / PROVINCE / COUNTRY
			S.I.N./ SSN	

By signing this waiver, I acknowledge full understanding of it's content and meaning.

Signature: _____ Date: _____

****The Applicant's identity must be verified by client by comparing 2 pieces of ID, one of which MUST be an accepted government issued photo ID of applicant and legible copies of both pieces of ID MUST accompany this form. If the copies are not legible, they cannot be processed and will be returned. CSI Screening has no control over this requirement.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Canadian Driver's Licence | <input type="checkbox"/> Canadian Citizenship Card | <input type="checkbox"/> Firearms Acquisition Certificate |
| <input type="checkbox"/> Foreign Driver's Licence | <input type="checkbox"/> Permanent Resident (PR) Card | <input type="checkbox"/> Federal, Provincial or Municipal ID Card |
| <input type="checkbox"/> Canadian Passport | <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Military Family ID Card |
| <input type="checkbox"/> Foreign Passport | <input type="checkbox"/> Student Identity Card - Foreign Institute | <input type="checkbox"/> CNIB ID Card |

Note: Health cards (issued by Canadian Province or Territory) and Social Insurance Number (SIN) are not acceptable for government photo identification purposes

I solemnly declare by my true signature that I have verified the applicant's identity with two authorized pieces of ID, one of which was an authorized government photo ID and that the photo image is a true likeness of the applicant. I declare that I understand it is an offence to make a false statement.

Signature: _____ Print: _____ Date: _____ Telephone: _____

Print Form

Submit by Email

**DISCLOSURE STATEMENT
AND BACKGROUND CHECK AGREEMENT**



1. Criminal History Information

- 1.1 Have you been ever been convicted, or are there charges pending against you without final disposition, for the commission of any felony, or a misdemeanor with a penalty greater than \$200.00.

_____ No _____ Yes

- 1.2 In the event your response is "Yes," please state the crime(s) for which you have been convicted, or the pending charge(s), the date of conviction, or the scheduled trial date for any pending charges, and the court in which the conviction is entered, or the charges are pending.

2. ACKNOWLEDGEMENTS AND REPRESENTATIONS

2.1 I authorize the National Campers and Hikers Association d/b/a Family Campers and RVers (the "Association"), and its agents and employees, to obtain further information regarding any criminal background that I disclose, and I agree to provide the Association, their agents and employees, any and all authorizations needed to obtain such additional information, including authorization to conduct a criminal background investigation. I hereby waive any rights that I may have under federal, state, or provincial law and/or regulations to the confidentiality of any records that may contain criminal background information and I authorize the custodian of such information to disclose it to the Association, its agents and employees. I agree to execute such further documents that may be needed to effectuate the Association access to such information.

2.2 The Association may disclose the information obtained pursuant to this *Disclosure Statement* to other persons or entities that the Association, in its discretion, believe have a need to know, including other camping associations. I further agree to provide, if necessary, the Association whatever authorizations necessary to effectuate such disclosure.

2.3 I covenant not to sue the Association, its agents or employees, and shall hold them harmless from any and all liability, loss, claims or damages in connection with obtaining and/or disclosing criminal background information, as permitted by this *Disclosure Statement and Background Check Agreement*.

2.4 I have previously had a background check: yes _____ no _____

If "Yes", date and name of organization or agency performing check:

2.5 I will provide a copy of my driver's license or state identification.



DISCLOSURE STATEMENT AND BACKGROUND CHECK AGREEMENT

3. ALIASES AND NAME KNOWN AS

1. List all names you have been known as _____

I solemnly affirm under the penalties of perjury that the contents of the forgoing paper are true and correct to the best of my knowledge, information, and belief.

Signature _____ Date _____

Witness _____ Date _____

Print Full Name _____

Print Complete Address _____

Telephone number and E-mail _____
