SARNIA POLICE SERVICE

James P. Nelson, Chief of Police

Authorization For Release of Information for Volunteer Applicants

I, _____ _____ _____ **19** ____

PLEASE PRINT *First Name* *Last Name* *Date of Birth*

The undersigned, herby authorize the Sarnia Police Service, and any police services, physician, psychologist, employer, organization or person to whom a signed copy of this Authorization or a photocopy or fax thereof is delivered, to provide the requester any information, opinions, reports, records, documents or copies thereof, in any form which may be requested, in connection with my application for employment or in connection with or during any subsequent training and employment, including, but not limited to:

- Academic Records
- Employment records (Police Service and other), including performance evaluation/reviews, discipline, complaint and attendance information
- Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information
- Employment applications
- Medical information
- Financial information, including credit bureau check
- Driving record
- Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to "MMPI-2" questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists
- Training record
- Background and security checks (including CPIC, NCIC, Interpol, P.I.P. etc.)

I understand that information about me will be used to assess my qualifications and suitability in relation to my application for the position of VOLUNTEER with the Sarnia Police Service.

I hereby **ACKNOWLEDGE AND DECLARE** that the terms of this Authorization for release of information are fully understood by me. I understand that all information about me that is obtained during the selection process and/or during any subsequent training and employment may be disclosed for the purpose for which it was obtained or for a consistent purpose. I **WAIVE** any right of action against any person or institution which may provide information, opinions, reports, records and/or documents in compliance with this Authorization. Further more, I **RELEASE, WAIVE and DISCHARGE** the Sarnia Police Service and any police services, physician, psychologist, employer, organization or person to whom a signed copy of this Authorization or a photocopy or fax thereof is delivered, from any and all liability for the collection, disclosure and transmittal of information in accordance with this Authorization, and from any and all liability for the use of, or reliance upon, information obtained in accordance with this Authorization.

_____ _____

Candidate Signature Date

_____ _____

Signature of Witness Name of Witness (Please Print)

Personal information about me that is obtained through the Sarnia Police Service Volunteer application process is collected under the authority of the Police Services Act & The Municipal Freedom of Information & Protection of Privacy Act.

Questions concerning the collection, use or disclosure of this information should be addressed to:

Constable Les Jones, Sarnia Police Service, 519-344-8861 ext 6091, ljones@police.sarnia.on.ca