



### Appendix C – Screening Renewal Form

**NAME:** \_\_\_\_\_  
First Middle Last

**CURRENT PERMANENT ADDRESS:**

\_\_\_\_\_  
Street City Province Postal

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER IDENTITY:** \_\_\_\_\_  
Month/Day/Year

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

By signing this document below, I certify that there have been no changes to my criminal record since I last submitted an Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form to the Organization. I further certify that there are no outstanding charges and warrants, judicial orders, peace bonds, probation or prohibition orders, or applicable non-conviction information, and there have been no absolute and conditional discharges.

I agree that any Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form that I would obtain or submit on the date indicated below would be no different than the last Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form that I submitted to the Organization. I understand that if there have been any changes, or if I suspect that there have been any changes, it is my responsibility to obtain and submit a new Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form to the Organization's Screening Committee instead of this form.

**I recognize that if there have been changes to the results available from the Enhanced Police Information Check and/or Vulnerable Sector Check and/or Screening Disclosure Form, and that if I submit this form improperly, then I am subject to disciplinary action and/or the removal of volunteer responsibilities or other privileges at the discretion of the Screening Committee.**

**NAME (print):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_