



# Safe Places Youth Certified Application Form

Application Type \_\_\_\_\_

New
  Renewal
  Info Change
  Replacement

First Name	Middle Name	Last Name
_____	_____	_____

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

City	Province	Postal Code	Country
_____	_____	_____	_____

Email \_\_\_\_\_

\_\_\_\_\_ has developed a Safe Places Youth Certified initiative in conjunction with the Respect Group program. The initiative proposes that anyone in a position of power or supervision over our community youth should first be properly trained and vetted. To achieve this purpose, the \_\_\_\_\_ requires all participants to take online training through Respect Group and obtain a criminal and vulnerable sector background check. Upon successful completion, all participants will be deemed Youth Certified for a period of three (3) years.

I, \_\_\_\_\_ of \_\_\_\_\_, hereby apply to be deemed Youth Certified and I file the following with the

1. Proof of successful completion of Respect Group training;
2. A current criminal record report;
3. A current vulnerable sector report.

I hereby grant \_\_\_\_\_ authority to retain the above stated documents on its data base. I concurrently grant \_\_\_\_\_ the authority to disclose whether I have been deemed Youth Certified to any bona fide individuals who provide you my name and certification number or any one serving youth within

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

(Witness)

\_\_\_\_\_

(Applicant)

Official Use Only

ID1 Type

ID1 Number

ID1 Issue Date

ID1 Expiry Date

ID2 Type

ID2 Number

ID2 Issue Date

ID2 Expiry Date

Previous Youth Certificate Number

Criminal Record  
Check

CRC  
Result

CRC Date

Vulnerable Sector  
Check

VSC  
Result

VSC Date

Respect in Sport  
Certified

RIS Cert  
Number

RIS Cert Date

Validated

Certificate Issued

Certificate Number

Completed By

Completion Date