



# Safe Places Youth Certified Application Form

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

New     Renewal     Info Change     Replacement

## Applicant Details

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

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

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
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

