



## Vulnerable Persons Registration

### **Consent to collect, use and disclose personal information**

The information collected through this Vulnerable Persons Registry (the “Registry”) is personal information (including but not limited to name, contact information, physical and behavioural characteristics) as defined by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O.1990, c M.56.

### **Purpose for collection and use**

The North Bay Police Service (NBPS) is collecting this personal information in the event that the vulnerable person (the “Registrant”) is reported missing. The information also assists the NBPS with its interaction with the Registrant where other incidents may occur. Occasionally, the NBPS may refer to the personal information to better understand the needs of the Registrant and/or to improve its service delivery in relation to the Registrant.

### **Disclosure**

The personal information collected may be disclosed to other law enforcement agencies or other emergency services (such as fire or ambulance) for the purpose described above.

### **Retention**

The retention, as well as any other use or disclosure, of this information will be dictated by the requirements under the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c M56.

### **Cancellation**

Submissions to the Registry are voluntary and can be cancelled at any time.

### **Questions**

Questions about the collection, use or disclosure of the personal information may be directed to the North Bay Police Service, 135 Princess Street West, P.O. Box 717, North Bay, ON P1B 8J8 or by contacting Constable E. Krmpotic by telephone at 705-497-5555.

### **Agreement**

- By voluntarily agreeing to submit personal information to this Vulnerable Persons Registry, I understand that the NBPS is collecting and storing personal data about me, the Registrant and all emergency contacts named.
  
- In consideration of the NBPS compliance with the collection, use and disclosure of personal information, as described above, I release, waive and forever discharge the NBPS Board, its employees and agents, and other law enforcement and emergency services from all claims, demands, damages, costs, expenses, actions, causes of action, whether in law or equity, resulting or alleged to result from your compliance with the foregoing authorization. I further waive any and all rights I may now or in the future have with respect to any disclosure of the personal information collected.

**Agreement (continued)**

- I declare that I am 18 years of age or older and that I have the authority to provide this personal information on behalf of the Registrant and all emergency contacts named. I further declare that I have read the information provided above and I consent to the collection, use and disclosure of the personal information its release, as described.
- I acknowledge that it is my responsibility to ensure that the information submitted to the Registry is current and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Select one of the following options:

- NEW registration
- RENEWED registration (The NBPS recommends updating the Registrant's information every year, on the Registrant's birthday month.)
- CANCELLATION. Please remove all previously-recorded data about the following Registrant from the Registry.

Family name of vulnerable person: \_\_\_\_\_

Given Name(s) of vulnerable person: \_\_\_\_\_

Gender:       Male                       Female

Date of birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Nickname (or any name that the Registrant is most likely to respond to): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

**\*\*ONLY COMPLETE THE FOLLOWING PAGES IF FOR A NEW or RENEWED REGISTRANT\*\***

Select one of the following options. This vulnerable person is best described as living with:

- Autism
- An acquired brain injury
- Alzheimer's disease or another dementia
- An intellectual disability (such as Down's Syndrome)

Employer/School: \_\_\_\_\_

Method of communication:

- Non-verbal
- Verbal

If verbal, please identify language preference: \_\_\_\_\_

Height (specify feet & inches, or cm): \_\_\_\_\_

Weight (specify lbs or kg): \_\_\_\_\_

Complexion:

- Dark
- Light/fair
- Medium
- Ruddy
- Sallow
- Tan
- Other: \_\_\_\_\_

Race:

- Aboriginal / Indigenous / First Nation
- Arab
- Asian / Chinese
- Asian / Japanese
- Asian / Korean
- Black
- Filipino
- Latin American. Describe: \_\_\_\_\_
- Multiple visible minorities. Describe: \_\_\_\_\_
- South Asian. Describe: \_\_\_\_\_
- Southeast Asian. Describe: \_\_\_\_\_
- West Asian. Describe: \_\_\_\_\_
- White / Caucasian
- Other: \_\_\_\_\_

**Build:**

- Athletic
- Heavy
- Medium
- Muscular
- Obese
- Thin
- Other: \_\_\_\_\_

**Hair Colour:**

- Auburn / Red
- Black
- Blonde
- Brown
- Grey
- Salt and pepper
- White
- Other: \_\_\_\_\_

Hair Description (such as short, long, curly, straight, bald, etc.): \_\_\_\_\_

**Facial hair:**

- Mustache
- Full beard
- Partial beard
- Goatee
- Side burns
- Unshaven
- None
- Other: \_\_\_\_\_

**Facial hair colour:**

- Auburn / Red
- Black
- Blonde
- Brown
- Grey
- Salt and pepper
- White
- Other: \_\_\_\_\_

Eye Colour:

- Black
- Blue
- Brown
- Green
- Grey
- Hazel
- Other: \_\_\_\_\_

This vulnerable person wears glasses:

- No
- Sometimes
- Yes

If sometimes or yes, please describe glasses: \_\_\_\_\_

This vulnerable person has tattoos, or noticeable marks or scars:

- No
- Sometimes
- Yes

If sometimes or yes, please describe design and location: \_\_\_\_\_

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### **Photograph of Registrant**

Please attach a recent photograph of the vulnerable person. For digital images, please do one of the following:

1. Paste it into this document (preferred); or
2. Send it by email to [ypregistration@NorthBayPolice.on.ca](mailto:ypregistration@NorthBayPolice.on.ca) with the words: "Vulnerable Person Registry" in the subject line and the name of the registrant and your contact details in the body of the email message.

Please note: The best photographs are clear, sharp and in focus. If you can, please submit a photo that has been taken against a plain white or light-coloured background with enough contrast between the background, facial features and clothing, so that the person's features are clearly distinguishable against the background. Please avoid photos of the person wearing a hat or sunglasses. The person's eyes should be open and clearly visible.

### **Medical diagnosis (optional)**

Please attach a clinician's or a psychologist's diagnosis of the vulnerable person's condition.

This vulnerable person wears identification

- No
- Yes

If yes, please describe: \_\_\_\_\_

This vulnerable person is inclined to wander:

- No
- Yes

If yes, please describe what he/she is usually attracted to or any information that may help police with a search for him/her (examples: water, the park, the mall, animals): \_\_\_\_\_

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Best method of approach (include approach and de-escalation techniques): \_\_\_\_\_

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Life threatening medical concern: \_\_\_\_\_

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Please provide any other relevant information, such as the vulnerable person's favourite objects, topics of discussion, and/or things to do. Please also add any other suggestions or reinforcers for de-escalation and cooperation.

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Please provide information about what NOT to do (example: do not make direct eye contact, avoid lights, avoid loud noises, etc.):

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**Consent to release information to a place of detention**

Should the vulnerable person named as the Registrant in this Registry be detained or incarcerated in a facility other than the North Bay Police Service, I grant consent to the North Bay Police Service to provide the detention facility or other emergency services (such as fire or ambulance or other police service) with all information provided in this Registry.

- No
- Yes

**Emergency Contact Information**

First name: \_\_\_\_\_

Family name: \_\_\_\_\_

Relationship to the vulnerable person: \_\_\_\_\_

Telephone Numbers

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Gender: \_\_\_\_\_

Address (if different from the Registrant's): \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Second Emergency Contact Information**

First name: \_\_\_\_\_

Family name: \_\_\_\_\_

Relationship to the vulnerable person: \_\_\_\_\_

Telephone Numbers

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Gender: \_\_\_\_\_

Address (if different from the Registrant's): \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Person submitting registration**

This vulnerable person's registration was submitted by:



Full name:\_\_\_\_\_

Full address:\_\_\_\_\_

Date of birth (Day/Month/Year):\_\_\_\_\_

Relationship to Registrant:\_\_\_\_\_

Telephone number where the NBPS can reach you during the day:\_\_\_\_\_

Email address:\_\_\_\_\_

**Please submit this completed registration form and the photo(s) of the vulnerable person:**

In person to:

North Bay Police Service, 135 Princess Street West, North Bay, Ontario

Or by mail to:

North Bay Police Service  
c/o Criminal Investigations Services  
P.O. Box 717  
North Bay, Ontario P1B 8J8

Or by email:

vregistration@NorthBayPolice.on.ca