Parks Services Division
TRAIL HOST INFORMATION
(New Trail Host Application)

Contact Person:
Christina Gwilliam, Parks Planning and Community Development Coordinator
SCRD – 1975 Field Road, Sechelt, BC
Phone (c):604-865-1461
Email: christina.gwilliam@scrd.ca

Please submit completed application and photo release form to SCRD via email (christina.gwilliam@scrd.ca) or in person at the SCRD Administrative Office (1975 Field Road, Sechelt).

Please submit completed Criminal Record Check (attached to this form) to RCMP in Gibsons or Sechelt.

By completing this form, you consent to your name, phone number, and email being shared with other 2026/2027 approved Dakota Ridge volunteers for the purposes of covering/changing scheduled shifts and the SCRD Recreation Department for the purpose of issuing your complementary 2026/2027 Seasons Pass.

Name	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Cell	Click or tap here to enter text.
Email	Click or tap here to enter text.

Amount of hosting interested in:

☐ weekly ☐ every other week ☐ monthly

Shift preference:

☐ Saturday AM ☐ Saturday PM ☐ Sunday AM ☐ Sunday PM

Shift partner preference: Click or tap here to enter text.

Holiday availability (Interest in additional weekday shifts between December 25th and January 1st):

☐ Yes ☐ No

Ski/Snowshoe Ability:

☐ Ski - Beginner ☐ Ski - Intermediate ☐ Ski - Expert

☐ Snowshoe - Beginner ☐ Snowshoe - Intermediate ☐ Snowshoe - Expert

Transportation to Dakota Ridge available (4-wheel drive with chains):

☐ Yes ☐ No ☐ Yes, and able to drive other volunteers if required

Are you certified in First Aid?

☐ Yes ☐ No

If Yes:

Level: Click or tap here to enter text.	Expiry Date: Click or tap here to enter text.

Emergency Contact Information:	
Name	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Cell	Click or tap here to enter text.

**** An Orientation session at Dakota Ridge is necessary to be a volunteer. Are you available to attend on Saturday, December 5th from 10:00am to approximately 1:00pm?**

☐ **YES** ☐ **NO**

Photo / Video Release Consent Form

I, _____ hereby give permission to the Sunshine Coast

Regional District (SCRD) to use any photograph or video image of me for the purpose of publicizing programs and activities.

I confirm that I am 19 years of age or older.

I understand that my photograph or video image may be used in any promotional material, including brochures, newsletters, fact sheets, news articles, posters, and any SCRD website or social media account.

_____ _____

Signature Date

Note: Parent or guardian approval required for those under the age of 19.

I hereby authorize the SCRD to use any photograph or video image of my child, _____, for the purpose of publicizing programs and activities.

(name of child)

I understand that any photographs or video images may be used in promotional material such as brochures, newsletters, fact sheets, news articles, posters, and any SCRD website or social media account.

I confirm that I am the parent or legal guardian of the above named child.

_____ _____

Name of Parent or Guardian Signature

SUNSHINE COAST REGIONAL DISTRICT 1975 Field Road, Sechelt, BC V7Z 0A8

P: 604-885-6800
F: 604-885-7909

Sunshine Coast Regional District
1975 Field Road
Sechelt, British Columbia
Canada V7Z 0A8

P 604-885-6800
F 604-885-7909
Toll free 1-800-687-5753

info@scrd.ca
www.scrd.ca

November 4, 2026

To Whom It May Concern,

The bearer of this letter has applied to become a Trail Host at the Dakota Ridge Winter Recreation Area and is therefore required to complete a Police Information Check including Vulnerable Sectors Check (see attached).

Please return pertinent information marked CONFIDENTIAL to Lindsay Stoker, Human Resources Advisor, at the Sunshine Coast Regional District at Field Road.

Any questions can be directed to Christina Gwilliam at 604-865-1461 or christina.gwilliam@scrd.ca

Thank you.



Regards,
SUNSHINE COAST REGIONAL DISTRICT

Christina Gwilliam
Parks Planning and Community Development Coordinator

RCMP

LOWER MAINLAND DISTRICT REGIONAL POLICE SERVICE – CONNECTED TO OUR COMMUNITIES

RCMP Use Only
Paid: ☐
Vol/Stu: ☐
Gib:☐ Sec: ☐ MP: ☐

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	**Number:**
Type of ID Produced:	**Number:**

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT* & FEDERAL *PRIVACY ACT*)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction in which you reside. At the time of application you must present:
- any applicable fee (see website for costs and payment options).
- one piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.

If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or USA records, traffic tickets, or municipal bylaw offences.

The results of this check will not be forwarded to a third party
(with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)

PREVIOUS NAMES (including name changes and birth/maiden name)	GENDER (circle one) M F Gender Diverse

DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:

ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE

PHONE NUMBER (residence)	PHONE NUMBER (cell)

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS) *Check Completed (office use only)

STREET NAME:_____ CITY:_____ PROVINCE: ____ ☐ yes ☐ no

STREET NAME:_____ CITY:_____ PROVINCE: ____ ☐ yes ☐ no

STREET NAME:_____ CITY:_____ PROVINCE: ____ ☐ yes ☐ no

STREET NAME:_____ CITY:_____ PROVINCE: ____ ☐ yes ☐ no

STREET NAME:_____ CITY:_____ PROVINCE: ____ ☐ yes ☐ no

REASON FOR APPLICATION (check appropriate): ☐ Volunteer (attach letter) ☐ Employment ☐ Other (specify below)

Key Contact Name: _____

Volunteer Agency/Employer Name: SUNSHINE COAST REGIONAL DISTRICT - DAKOTA RIDGE

Volunteer Agency/Employer Address and Phone Number: 1975 FIELD RD, SECHELT, BC 604.885.6800

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: ☐ YES ☐ NO

(if YES: please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB

VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position *(what you will be doing)*: TRAIL HOST - DAKOTA RIDGE

Provide details regarding the children or vulnerable person(s) *(what ages, type of client(s) you have authority over)*:

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant	**Date Signed**

DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act, or* charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act.*

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant **Date signed**

Applicant Name	Applicant DOB

SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Sunshine Coast RCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Sunshine Coast RCMP, District of Sechelt, and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant **Date Signed**

*****FOR OFFICE USE ONLY*****

QUERY TYPE	Queried by:	Negative	Attached	Date
CPIC				
PRIME				
PIP/LEIP				
JUSTIN				
VS - FP REQ.				

NOTES (office use only):